

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41857

FILED  
May 14, 2012  
Secretary of State

**Entity Name:** WHITING FIELD CHAPTER, MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

NAS WHITING FIELD  
MILTON, FL 32570

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 3875  
MILTON, FL 32572

**New Mailing Address:**

**FEI Number:** 59-3005246

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRECE, SANDRA G  
4731 LEMOYNE VISTA DR  
MILTON, FL 32570 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GROVE, JOHN  
Address: 6075 SUNNYRIDGE DR  
City-St-Zip: MILTON, FL 32570

Title: T  
Name: PRECE, SANDRA G  
Address: 4731 LEMOYNE VISTA DR  
City-St-Zip: MILTON, FL 32570

Title: S  
Name: OSMONSON, BETTY  
Address: 5918 N DAVIS HIGHWAY  
City-St-Zip: PENSACOLA, FL 32503

Title: VP  
Name: SEGRAVES, JOEL  
Address: 5812 TWIN OAKS DRIVE  
City-St-Zip: PACE, FL 32571

Title: D  
Name: ANASTON, TOM  
Address: 7578 LAKESIDE DR  
City-St-Zip: MILTON, FL 32583

Title: D  
Name: COLBERSON, JACK  
Address: 6000 MANDIE LN  
City-St-Zip: MILTON, FL 32570

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA G PRECE

T

05/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date