

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-06-2007 90006 018 *****8.75
04-12-2007 90039 033 *****52.50

DOCUMENT # N98000003462	
1. Entity Name W.R. CHARETT M.O.H. CHAPTER INC.	

Principal Place of Business 119 VICTORIA DRIVE HAINES CITY FL 33844	Mailing Address 119 VICTORIA DRIVE HAINES CITY FL 33844
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2. Principal Place of Business - No P.O. Box # 4037 CHELSEA LN	3. Mailing Address 4037 CHELSEA LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lakeland, FL	City & State Lakeland, FL
Zip 33809-4063	Zip 33809-4063
County Polk	County Polk

6. Name and Address of Current Registered Agent SELL, LEO L P.O. BOX 6307 428 NALCREST RD, APT 42-D NALCREST FL 33856	
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4. FEI Number 59-3534975	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name: COHEE, FRANK E. JR.	
Street Address: 4037 CHELSEA LN.	
City: Lakeland	FL 33809-4063

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Frank E. Cohee Jr.</i> Signature, typed or printed name of registered agent and date (if applicable)	DATE 7/26/07

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	☐ Delete	TITLE 2nd VP D	☐ Change ☒ Addition
NAME BRADFORD, JIM		NAME FRANK E. COHEE JR	
STREET ADDRESS 1776 6TH ST NW, UNIT 308		STREET ADDRESS 5148 HAZARD WAY	
CITY-STATE-ZIP WINTER HAVEN FL 33881		CITY-STATE-ZIP Lakeland, FL 33809	
TITLE DP	☒ Delete	TITLE D. SECRETARY/TREASURER	☐ Change ☒ Addition
NAME GILBERT, RICHARD E		NAME COHEE, FRANK E. JR	
STREET ADDRESS 119 VICTORIA DRIVE		STREET ADDRESS 4037 CHELSEA LN	
CITY-STATE-ZIP HAINES CITY FL 33844		CITY-STATE-ZIP Lakeland, FL 33809-4063	
TITLE 1VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME FULLER, RONALD C		NAME	
STREET ADDRESS 111 PASCO SE		STREET ADDRESS	
CITY-STATE-ZIP WINTER HAVEN FL 33884		CITY-STATE-ZIP	
TITLE DT	☒ Delete	TITLE	☐ Change ☐ Addition
NAME SELL, LEO L		NAME	
STREET ADDRESS P O BOX 6307		STREET ADDRESS	
CITY-STATE-ZIP NALCREST FL 33856-6307		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, without any like empowerment.	
SIGNATURE: <i>Frank E. Cohee Jr.</i> Signature, typed or printed name of registered agent and date (if applicable)	DATE 7/26/07