

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90112 019 ****61.25

DOCUMENT # N99000000175

1. Entity Name
**MILITARY OFFICERS ASSOCIATION OF AMERICA,
NORTHEAST FLORIDA CHAPTER, INC.**



Principal Place of Business
**P.O. BOX 442022
JACKSONVILLE, FL 32222-2022**

Mailing Address
**P.O. BOX 442022
JACKSONVILLE, FL 32222-2022**

50029082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1731564

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JASTREMSKI, RICHARD LCDR
2720 BIRCHWOOD DR
ORANGE PARK, FL 32073-6502**

Name **George R. Howard CDR**

Street Address (P.O. Box Number is Not Acceptable)
525 GOLDEN LINK DR

City **ORANGE PARK** FL Zip Code **32073**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/17/05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KEASTERY, WILLIAM F LCOL ☐ Delete
STREET ADDRESS 599 LORN CT.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE PD ☒ Change ☐ Addition
NAME KERLIN, STEPHEN D, CWO-4
STREET ADDRESS 10217 BEAR VALLEY RD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE TD ☐ Delete
NAME HALL, RICHARD L LCDR
STREET ADDRESS 5144 SANTA CRUZ
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME JASTREMSKI, RICHARD LCDR
STREET ADDRESS 2720 BIRCHWOOD DR
CITY-ST-ZIP ORANGE PARK, FL 32073-6502

TITLE SD ☒ Change ☐ Addition
NAME George R. Howard CDR
STREET ADDRESS 525 GOLDEN LINKS DR.
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: STEPHEN D. KERLIN *[Signature]* **2/19/5 (904) 262-0209**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #