


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90092 041 \*\*\*\*61.25

<b>DOCUMENT # N99000000175</b>	
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40076334



04122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1731564	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HOWARD, GEORGE R CDR 19 FOX VALLEY DR ORANGE PARK, FL 32073	

7. Name and Address of New Registered Agent	
Name <b>JACOBS, LAWRENCE R.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2735 BROOKWOOD DR</b>	
City <b>ORANGE PARK</b>	FL <b>32073</b>

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 <b>LAWRENCE R. JACOBS, TREASURER</b>	<i>Lawrence R. Jacobs</i>	4/23/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O ALLEN, WAYNE N USGC 1713 CHATHAM VILLAGE DR ORANGE PARK, FL 32003 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JACOBS, LAWRENCE R USN 2735 BROOKWOOD DR ORANGE PARK, FL 32073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HOWARD, GEORGE R USN 19 FOX VALLEY DR ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>SHARPE, LAWRENCE A. USN</b> <b>5556 COASTAL LANE S.</b> <b>JACKSONVILLE, FL 32258</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>ALLEN, NANCY</b> <b>1713 CHATHAM VILLAGE DR.</b> <b>ORANGE PARK, FL 32003</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, with all other like empowered.

SIGNATURE: <i>Lawrence A. Sharpe</i>	4/23/2007	(904) 262-3728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>LAWRENCE A. SHARPE</b>		Date Daytime Phone #