

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000175

FILED
Jun 16, 2009
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 442022
JACKSONVILLE, FL 32222022

New Principal Place of Business:

3786 CREEK HOLLOW LANE
MIDDLEBURG, FL 32068

Current Mailing Address:

P.O. BOX 442022
JACKSONVILLE, FL 32222022

New Mailing Address:

3786 CREEK HOLLOW LANE
MIDDLEBURG, FL 32068

FEI Number: 59-1731564 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JACOBS, LAWRENCE R
2735 BROOKWOOD DR
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

BROUGH, ROBERT F CAPT
3786 CREEK HOLLOW LANE
MIDDLEBURG, FL 32068 US

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: ROBERT F. BROUGH

06/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: MARTINS, DELAND
Address: 5480 REBELS HILL LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: T () Delete
Name: JACOBS, LAWRENCE R USN
Address: 2735 BROOKWOOD DR
City-St-Zip: ORANGE PARK, FL 32073

Title: P () Delete
Name: SHARPE, LAWRENCE A
Address: 5556 COASTAL LN S
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SECY (X) Change () Addition
Name: MARTINS, DELANO CDR
Address: 5480 REBELS HILL LANE
City-St-Zip: JACKSONVILLE, FL 32258

Title: PRES (X) Change () Addition
Name: LESTAGE, DANIEL B RADM
Address: 1782 LONG SLOUGH WALK
City-St-Zip: ORANGE PARK, FL 32003

Title: TREA (X) Change () Addition
Name: BROUGH, ROBERT F CAPT
Address: 3786 CREEK HOLLOW LANE
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT F. BROUGH

CAPT

06/16/2009

Electronic Signature of Signing Officer or Director

Date