

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000000175

**FILED**  
**Mar 14, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3786 CREEK HOLLOW LANE  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

3786 CREEK HOLLOW LANE  
MIDDLEBURG, FL 32068

**New Mailing Address:**

3786 CREEK HOLLOW LANE  
MIDDLEBURG, FL 32068 US

**FEI Number:** 59-1731564

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROUGH, ROBERT F CAPT  
3786 CREEK HOLLOW LANE  
MIDDLEBURG, FL 32068 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: SECY  
Name: WALSH, JOHNNIE L MRS.  
Address: 644 BRANSCOMB RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PRES  
Name: KRAMARICH, STEVE F COL  
Address: 829 BUCKEYE LANE WEST  
City-St-Zip: JACKSONVILLE, FL 32259

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

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: ROBERT F. BROUGH

TREA

03/14/2011

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

\_\_\_\_\_  
Date