

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90054 032 \*\*\*\*61.25

**DOCUMENT # N99000002813**

1. Entity Name  
**WEST CENTRAL CHAPTER, MILITARY OFFICERS  
ASSOCIATION OF AMERICA, INC.**



Principal Place of Business  
**7614 JOMEL DR  
SPRING HILL, FL 34607 US**

Mailing Address  
**7614 JOMEL DR  
SPRING HILL, FL 34607 US**



02122004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1652881**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OBERG, DOROTHY  
7614 JOMEL DRIVE  
SPRING HILL, FL 34607**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
FOLEY, JAMES  
11670 LINDEN DR  
SPRING HILL, FL 34608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GARSTNER, JOHN  
6389 PINE MEADOWS DR  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
LOWE, SAMUAL  
2468 GRANGFATHER MT  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GEMMILL, WILLIAM  
11294 RICHFORD LANE  
SPRING HILL, FL 34606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1VP  
MORANA, NICHOLAS  
2754 DRUMMOND DR  
SPRING HILL, FL 34608**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**2VP  
BRITTON, RUSSELL  
6813 RICHARD DR  
SPRING HILL, FL 34607**

**DO NOT WRITE  
IN THIS SPACE**

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: *Dorothy Oberg*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/3/04 352-596-3838**