


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 08:00 AM
Secretary of State

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	



02222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-1652881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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
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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: *Dorothy Oberg (Treasurer)* **DOROTHY OBERG** 3/4/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000851650 03/25/08-80048-010 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLEY, JAMES 11870 LINDEN DR SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP JENKINS, ALEXANDER 11480 LINDEN DR. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLIFFORD, DONALD 3135 PINE MEADOWS DR SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP GALLOWAY, TERNANCE 7367 SUGAR BUSH DRIVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, ROBIN 27489 EDENFIELD DR. WESLEY CHAPEL, FL 33543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIDSON, JAMES B 2443 GRANDFATHER MOUNTAIN SPRING HILL, FL 34606

**DO NOT WRITE
IN THIS SPACE**

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: *Dorothy Oberg* **DOROTHY OBERG** 3/4/08 352-596-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #