

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714587

Entity Name: CAPE CORAL CHAPTER OF THE MILITARY OFFICERS
ASSOCIATION OF AMERICA, INC.**Current Principal Place of Business:**2615 CASIBARI CT
CAPE CORAL, FL 33991**Current Mailing Address:**PO BOX 100508
CAPE CORAL, FL 33910 US**FEI Number: 90-0169184****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VAN HOUSE, ROBERT L
4103 SW 28TH AVE
CAPE CORAL, FL 33914 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------|
| Title | PD |
| Name | NOLAN, GARY |
| Address | 11795 ROYAL TEE CIRCLE |
| City-State-Zip: | CAPE CORAL FL 33991 |

| | |
|-----------------|---------------------|
| Title | TD |
| Name | STOUT, MARILYN |
| Address | 2615 CASIBARI CT |
| City-State-Zip: | CAPE CORAL FL 33991 |

| | |
|-----------------|---------------------|
| Title | SD |
| Name | PEPPERS, GARY |
| Address | 1228 SW 26TH STREET |
| City-State-Zip: | CAPE CORAL FL 33914 |

| | |
|-----------------|---------------------|
| Title | VP |
| Name | BEARD, MICHAEL |
| Address | 2522 SW 9TH PLACE |
| City-State-Zip: | CAPE CORAL FL 33914 |

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: MARILYN M STOUT**TREASURER****01/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date