

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736404

FILED
Feb 06, 2019
Secretary of State
8644171225CC

Entity Name: TREASURE COAST CHAPTER MILITARY OFFICERS ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

3309 RED TAILED HAWK DRIVE
PORT ST LUCIE, FL 34952

Current Mailing Address:

3309 RED TAILED HAWK DRIVE
PORT ST LUCIE, FL 34952 US

FEI Number: 51-0187059

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DEPAUL, ANTHONY
3309 RED TAILED HAWK DRIVE
PORT ST LUCIE, FL 34952 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: ANTHONY DEPAUL

02/06/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name RUBINSTEIN, DAVID A
Address 1825 SW GRANT AVE
City-State-Zip: PORT ST LUCIE FL 34953

Title VP, 2ND
Name CLEMMER, DAYNE
Address 1882 NE CRABTREE TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title VP, 1ST
Name ARMSTRONG, WILLIAM W
Address 2860 YATES RD
City-State-Zip: FORT PIERCE FL 34981

Title SECRETARY
Name ARMSTRONG, ZADEA
Address 2860 YATES RD
City-State-Zip: FORT PIERCE FL 34981

Title TREASURER
Name DEPAUL, ANTHONY
Address 3309 RED TAILED HAWK DRIVE
City-State-Zip: PORT ST LUCIE FL 34952

Title ASST. SECRETARY
Name CLEMMER, SALLY
Address 1882 NE CRABTREE TERRACE
City-State-Zip: JENSEN BEACH FL 34957

Title DIRECTOR
Name DAVIS, HAROLD
Address 1354 SE RIVER GREEN CIRCLE
City-State-Zip: PORT ST LUCIE FL 34952

Title PAST PRESIDENT
Name WILLIAMS, BOBBIE LYDELL
Address 11398 SW FIELDSTONE WAY
City-State-Zip: PORT SAINT LUCIE FL 34987

Continues on page 2

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: BOBBIE LYDELL WILLIAMS

PAST PRESIDENT

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SENECA, JACK
Address 11908 SW CRESTWOOD CIRCLE
City-State-Zip: PORT SAINT LUCIE FL 34987

Title DIRECTOR
Name CONNOR, EARL
Address 11405 LAKE PARK AVE
City-State-Zip: PORT SAINT LUCIE FL 34987

Title WEB MASTER
Name ONEIL, ESTELA M
Address 735 SW GREAT EXUMA COURT
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR
Name BABIN, KATHY
Address 643 HOFFENBERG AVE
City-State-Zip: PORT SAINT LUCIE FL 34953

Title DIRECTOR
Name IRVIN, JACK
Address 699 SW LAKEHURST DR
City-State-Zip: PORT SAINT LUCIE FL 34983

Title CHAPLAIN
Name TUTHILL, AUDREY S
Address 2292 SW EDISON CIR
City-State-Zip: PORT SAINT LUCIE FL 34953