

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736404

FILED
Feb 09, 2024
Secretary of State
1812305938CC

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

Current Principal Place of Business:

11398 SW FIELDSTONE WAY
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

11398 SW FIELDSTONE WAY
PORT SAINT LUCIE, FL 34987 US

FEI Number: 51-0187059

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WILLIAMS, BOBBIE LYDELL SR.
11398 SW FIELDSTONE WAY
PORT SAINT LUCIE, FL 34987 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: BOBBIE LYDELL WILLIAMS

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title VP, 2ND
Name ROSEN, MARTY
Address 1881 MORNINGSIDE ROAD
City-State-Zip: PORT SAINT LUCIE FL 34953

Title VP, 1ST
Name O'BRA, THOMAS
Address "2221 SE MONTROSE LANE
City-State-Zip: PORT ST LUCIE FL 34952

Title TREASURER
Name RADER, WAYNE
Address 10380 SW VILLAGE CENTER DR
City-State-Zip: PORT ST LUCIE FL 34987

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

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

Title PAST PRESIDENT
Name ARMSTRONG, WILLIAM
Address 2860 YATES ROAD
City-State-Zip: FORT PIERCE FL 34981

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

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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 SR

PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title WEB MASTER
Name BYNOE, ROBIN M
Address "2904 ANDERSON DRIVE
City-State-Zip: FORT PIERCE FL 34946