

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736404

**FILED**  
**Jan 15, 2021**  
**Secretary of State**  
**2557437947CC**

**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

01/15/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title           VP, 1ST  
Name           WILLIAMS, BOBBIE LYDELL  
Address        11398 SW FIELDSTONE WAY  
City-State-Zip: PORT ST LUCIE FL 34987

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

Title           SECRETARY  
Name           KANGAS , LYNDA  
Address        1864 STONYBROOK DRIVE  
City-State-Zip: FORT PIERCE FL 34945

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

Title           PAST PRESIDENT  
Name           RUBINSTEIN, DAVID  
Address        1803 SW NEWPORT ISLES BLVD,  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title           DIRECTOR  
Name           SENECA, JACK  
Address        11908 SW CRESTWOOD CIRCLE  
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 L. WILLIAMS

1ST VP

01/15/2021

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