

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767755

**Entity Name:** SUNCOAST CHAPTER OF THE MILITARY OFFICERS  
ASSOCIATION OF AMERICA, INC.**Current Principal Place of Business:**7444 WIMPOLE DR.  
NEW PORT RICHEY, FL 34655**Current Mailing Address:**PO BOX 854  
PORT RICHEY, FL 34673 US**FEI Number: 59-2277756****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MILLER, GERALD S  
7444 WIMPOLE DR.  
NEW PORT RICHEY, FL 34655 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: GERALD S. MILLER****01/06/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT  
**Name** DAIGNEAULT, JOSEPH  
**Address** 1415 SAFFRON WAY  
**City-State-Zip:** TRINITY FL 34655**Title** VP  
**Name** MOTLEY, JOHN  
**Address** 10749 MIRACLE LN  
**City-State-Zip:** NEW PORT RICHEY FL 34654**Title** SECRETARY  
**Name** CALLAGHAN, DANIEL J  
**Address** 7108 DAGGETT TERR  
**City-State-Zip:** NEW PORT RICHEY FL 34655**Title** DIRECTOR  
**Name** FRANKEL, ROBERT  
**Address** 10060 CHIP LN.  
**City-State-Zip:** NEW PORT RICHEY FL 34654**Title** TREASURER  
**Name** MILLER, GERALD  
**Address** 7444 WIMPOLE DRIVE  
**City-State-Zip:** NEW PORT RICHEY FL 34655**Title** DIRECTOR  
**Name** HUTCHINSON, ROBERT L  
**Address** 10320 PROVERB CT  
**City-State-Zip:** NEW PORT RICHEY FL 34654**Title** DIRECTOR  
**Name** ALDERMAN, JOHN H  
**Address** 6623 ROSEMONT CT  
**City-State-Zip:** NEW PORT RICHEY FL 34655**Title** DIRECTOR  
**Name** SHORTT, JANICE  
**Address** 10913 HUDSON AVE  
**City-State-Zip:** HUDSON FL 34669**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: GERALD S. MILLER****TREASURER****01/06/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WIGGINS, ROBERT M
Address	9040 PAR CT
City-State-Zip:	HUDSON FL 34667