

2014 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

01/02/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name AYERS, ROBERT
Address 7139 JASMIN DR.
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name MOTLEY, JOHN
Address 10749 MIRACLE LN
City-State-Zip: NEW PORT RICHEY FL 34654

Title SECRETARY
Name LOMBARDO, ANGELA
Address 4126 PERRY PLACE
City-State-Zip: NEW PORT RICHEY FL 34652

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 DAIGNEAULT, JOSEPH
Address 1415 SAFFRON WAY
City-State-Zip: TRINITY FL 34655

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

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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: GERALD MILLER**TREASURER**

01/02/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CUNNINGHAM, DOROTHY
Address	5024 ISLA VISTA CT
City-State-Zip:	NEW PORT RICHEY FL 34655