

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15614

Entity Name: FLAGLER COUNTY CHAPTER, MILITARY OFFICERS
ASSOCIATION OF AMERICA, INC.**Current Principal Place of Business:**6067 TANGERINE AVE
BUNNELL, FL 32110**Current Mailing Address:**PO BOX 352495
PALM COAST, FL 32135-2495 US**FEI Number: 59-2680228****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KEY, KARLA A
6067 TANGERINE AVE
BUNNELL, FL 32110 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: KARLA A KEY****02/23/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HENGEVELD, PEGGY
Address	P O BOX 352495
City-State-Zip:	PALM COAST FL 32135

Title	TREASURER
Name	KEY, KARLA A
Address	PO BOX 352495
City-State-Zip:	PALM COAST FL 32135-2495

Title	2ND VICE PRESIDENT
Name	HENGEVELD, CECIL
Address	P O BOX 352495
City-State-Zip:	PALM COAST FL 32135

Title	DIRECTOR
Name	RICCI, AL
Address	P O BOX 352495
City-State-Zip:	PALM COAST FL 32135

Title	DIRECTOR
Name	WEAVER, GEORGE
Address	P O BOX 352495
City-State-Zip:	PALM COAST FL 32135

Title	DIRECTOR
Name	OEXMANN, RICHARD
Address	P O BOX 352495
City-State-Zip:	PALM COAST FL 32135

Title	DIRECTOR
Name	HAMMOND, DAVID
Address	PO BOX 352495
City-State-Zip:	PALM COAST FL 32135-2495

Title	1ST VICE PRESIDENT
Name	CONNORS, MICHAEL
Address	PO BOX 352495
City-State-Zip:	PALM COAST FL 32135-2495

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: KARLA A KEY**TREASURER****02/23/2023**

Electronic Signature of Signing Officer/Director Detail

Date