2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2016
Secretary of State
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Entity Name: FLAGLER COUNTY CHAPTER, MILITARY OFFICERS ASSOCATION OF AMERICA, INC.

Current Principal Place of Business:

39 PRINCE ANTHONY LN
PALM COAST, FL 32164

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
39 PRINCE ANTHONY LN
PALM COAST, FL 32164 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 02/01/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	1ST VICE PRESIDENT
Name	LYDON, DAVID
Address	61 ROLLINS LN
City-State-Zip:	PALM COAST FL 32164

Title	SECRETARY
Name	WRIGHT, DEIDRE
Address	8 ZODIAC PL.
City-State-Zip:	PALM COAST FL 32164

Title	2ND VICE PRESIDENT
Name	THORNTON, ALAN
Address	809 WEST LAKE DR
City-State-Zip:	ORMAND BEACH FL 32174

Title	DIRECTOR
Name	ALTMAN, JERRY
Address	63 NEW WATER OAK DR
City-State-Zip:	PALM COAST FL 32137

Title	DIRECTOR
Name	WALLER, JAMES
Address	7 WILLOUGHBY PL
City-State-Zip:	PALM COAST FL 32164

Title	TREASURER
Name	KEY, KARLA A
Address	39 PRINCE ANTHONY LN
City-State-Zip:	PALM COAST FL 32164

Title	PRESIDENT
Name	MCCOPPIN, NEAL
Address	306 NORTH 11TH ST
City-State-Zip:	FLAGLER BEACH FL 32136

Title	DIRECTOR
Name	REHME, RUTH
Address	38 WHITTINGTON DR
City-State-Zip:	PALM COAST FL 32164

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 02/01/2016

Electronic Signature of Signing Officer/Director Detail — Date