FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N06713

(4)

FLAGLER/PALM COAST CHAPTER, THE MILITARY ORDER OF THE WORLD WARS, INC.

FILED Feb 04 1998 8:00am Secretary of State

District Address					
Principal Place of Business Mailing Address					
P.O. BOX 350495		P.O. BOX 350495 PALM COAST FL 32135-0495			3. Date Incorporated or Qualified
PALM COAST FL 32135-0495		PALM COAST FL 32135-0495			12/18/1984
					4. FEI Number Applied For
					59-2161361 Not Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		City 9 State			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip			Countr		This corporation owes or has paid the current year Intangible
24	25	29 30	, '		Personal Property Tax due June 30. Yes M No
24	9. Name and Address of Current	1717	<u>' </u>		10. Name and Address of New Registered Agent
81 Nan					
MILLER, HENRY, O.				ļ. <u></u>	
	ENDON COURT SOUTH	82 Street		Street A	Address (P.O. Box Number is Not Acceptable)
PALM COAST FL 32137-8352		83			
PALIN O	UAG1 FL 32137-0532		<u> </u>		
			84	""	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503. Florida Statutes.					
SIGNATURE Signature, typed or primed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DISECTORS IN 12
TITLE	D	DELETE	1.1 TOLE		CTADIR. BRITT BREITENBERG Change Addition BRITT BREITENBERG ITT FARRAGOT DR
NAME	AUSTIN, LAWRENCE R	· ·	1.2 NAME		THE EACH AGOT DR
STREET ADDRESS	92 FOSTER LANE			T ADDRESS	PALSE COURT EL 32137
CITY-ST-ZIP	PALM COURT FL	∑ Ngelete	1.4 CITY-1	ST-ZIP	PALM CONST PL. 30137 SE. VICE CMPRE Addition GARY LINDQUEST 12 CEORE POINT DR
TITLE	D CAVACE LEBOY E	A) Acrese	2.1 TITLE	l	CAPY I NDOUEST
NAME	SAVAGE, LEROY E.		2.2 NAME		17 CENDE POINT DR
STREET ADDRESS	63 VILLAGE CIRCLE			T ADDRESS	PALMA - MOTEL RAICH
CITY-ST-ZIP	PALM COAST FL D TREASCRER	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP	PALM CONST. FL . 331CH JR. VICE SMOR LA Change Addition
TITLE		- Deterio	3.1 IIILE	1	a-a CIEMENS
NAME	MILLER, HENRY O	l l			ニー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
STREET ADDRESS	1 CLARIENDON CT.			ADURESS	PALM COAST, FL · 33/37
CITY-ST-ZIP	PALM COAST FL D	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3.4. CITY - 4.1 TITLE	SI-ZIP	Change Addition
TITLE	~	X Suite	4.1 IIILE 4.2 NAME		
NAME	HATZENBUHLER, GEORGE W 62 WELLESLEY LANE				
STREET ADORESS	PALM COURT FL		4.4 CITY-	T ADDRESS	
CITY-ST-ZIP TITLE	D D	DELETE	5.1 TITLE	31-7IL	Change Addition
	BOURNE, ROBERT A	555.75	5.2 NAME		
NAME	10 CLAYMONT CT.			T ADDRESS	
STREET ADDRESS	PALM COAST FL	j	5.4 CITY-		
CITY-ST-ZIP TITLE	D PALM COAST FL	DELETE	6.1 TITLE	21-71L	☐ Change ☐ Addition
NAME	KOHLEPP, DEAN		6.2 NAME		
	3 WYNNFIELD DRIVE	ļ		T ADDRESS	
STREET ADDRESS	PALM COURT FL	J			,
CITY-ST-ZIP	TALM COORT FL	th this filing does not qualify for th	6.4 CITY-		d in Section 119.07(3)(i). Florida Statutes, I further certify that the information

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental symual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a 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 in Block 12 or Block 13 if changed, or on an attackment with an address.

SIGNATURE:

9047445-1645