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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06713

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

Principal Place of Business
 P.O. BOX 350495
 PALM COAST FL 32135-0495

Mailing Address
 P.O. BOX 350495
 PALM COAST FL 32135-0495



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/18/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2161361	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MILLER, HENRY, O. 1 CLARENDON COURT SOUTH PALM COAST FL 32137-8352				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CMDR BREITENBERG, BRITT	1.1 TITLE	D
NAME	117 FARRAGOT DR	1.2 NAME	
STREET ADDRESS	PALM COURT FL 32137	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Palm Coast FL 32137
TITLE	SVCM LINDQUEST, GARY	2.1 TITLE	CMDR
NAME	12 CEDAR POINT DR	2.2 NAME	
STREET ADDRESS	PALM COAST FL 32164	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VCM D CLEMENS, BOB	3.1 TITLE	SVCM
NAME	82 FLAMINGO DR	3.2 NAME	
STREET ADDRESS	PALM COAST FL 32137	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BOURNE, ROBERT A	4.1 TITLE	
NAME	10 CLAYMONT CT.	4.2 NAME	
STREET ADDRESS	PALM COAST FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D KOHLEPP, DEAN	5.1 TITLE	JACK PITMAN
NAME	3 WYNNFIELD DRIVE	5.2 NAME	15 WENDY LN
STREET ADDRESS	PALM COURT FL	5.3 STREET ADDRESS	PALM COAST FL 32164
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Date: 26 Jan 99 (904) 445-1645

CR2E037 (1/198)