

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

02-24-2002 90027 039 ****61.25

DOCUMENT # N14764

1. Entity Name

SPACE COAST-INDIAN RIVER CHAPTER, NO. 170, THE MILITARY ORDER OF THE WORLD WARS, INC.

Principal Place of Business

Mailing Address

P O BOX 4835
PATRICK AFB FL 32925-0835
US

P O BOX 25-4835
PATRICK AFB FL 32925-0835
US

2. Principal Place of Business

P.O. Box 254835

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Patrick AFB, FL

City & State

4. FEI Number

59-2097359

Applied For

Not Applicable

Zip

Country

32925-0835

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOHN T
5635 S. HWY A1A #804
MELBOURNE FL 32951

7. Name and Address of New Registered Agent

Name *Opel, Donald M.*

Street Address (P.O. Box Number is Not Acceptable) *2815 S. Atlantic Avenue*

City *Cocoa Beach*

FL

Zip Code *32931*

8. 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

Signature of registered agent and address if applicable.

(NOTE: Registered Agent signature required when reinstating)

12 Feb 2002

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KING, MAXWELL C	
STREET ADDRESS	384 WALTON HEATH CT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCKEOWN, J. KEVIN	
STREET ADDRESS	384 WALTON HEATH CT	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, JOHN T	
STREET ADDRESS	5635 S. HWY A1A #804	
CITY-ST-ZIP	MELBOURNE BCH FL 32951	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEARMAN, HENRY C	
STREET ADDRESS	1059 CONTINENTAL AVE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RITNER, JOHN A	
STREET ADDRESS	1608 PIONEER DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, KATHERINE R	
STREET ADDRESS	1710 ATLANTIC ST #5C	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Opel, Donald M.</i>	
STREET ADDRESS	<i>2815 S. Atlantic Ave.</i>	
CITY-ST-ZIP	<i>Cocoa Beach, FL 32931</i>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Adams, Henry A.</i>	
STREET ADDRESS	<i>605 N. Ramona Ave.</i>	
CITY-ST-ZIP	<i>Indianapolis, FL 32903</i>	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Adams, Katherine R.</i>	
STREET ADDRESS	<i>605 N. Ramona Ave.</i>	
CITY-ST-ZIP	<i>Indianapolis, FL 32903</i>	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Hilliard, Linda A</i>	
STREET ADDRESS	<i>408 St. Georges Court</i>	
CITY-ST-ZIP	<i>Satellite Beach, FL 32937</i>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Morgan, Jerry T.</i>	
STREET ADDRESS	<i>3914 Sparrow Hawk Road</i>	
CITY-ST-ZIP	<i>Melbourne, FL 32934</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Linda A. Hilliard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA A. HILLIARD

12 Feb 02 (321) 777-0927

Date

Daytime Phone #

CR2037 (9/01)