2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90041 045 ****61.25

DOCUMENT # N14764

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

54021056

Principal Place of Business	Mailing Address
P O BOX 254835 PATRICK AFB, FL 32925-0835 US	P O BOX 254835 PATRICK AFB, FL 32925-0835 US

03022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2097359 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, HENRY A 605 N RAMONA AVE INDIALANTIC, FL 32903	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Henry A Adams
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD QUISENBERRY, WILLIAM 4040 ESTANCIA WAY MELBOURNE, FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD D'ALBORA, JOHN V 230 FORREST AVE COCOA FL 32922-7721	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, HENRY A 605 N RAMONA AVE INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ADAMS, HENRY A 605 N. RAMONA AVE INDIALANTIC FL 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD ADAMS, KATHERINE R 605 N RAMONA AVE INDIALANTIC, FL 32903	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ADAMS, KATHERINE R 605 N. RAMONA AVE INDIALANTIC FL 32903	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORGAN, JERRY T 3914 SPARROW HAWK RD MELBOURNE, FL 32934	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR VD VECCHIONE, JENNIFER S 316 MARKLEY COURT INDIAN HARBOUR BEACH FL 32937	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VAZQUEZ, HIPOLITO 2671 KINGDOM AVE MELBOURNE FL 32934-7587	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAPLAIN D QUISENBERRY, WILLIAM 4040 ESTANCIA WAY MELBOURNE, FL 32934	☒ Change ☐ Addition

12. 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 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: Katherine R Adams 321-726-6971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #