2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

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 254835 PATRICK AFB, FL 32925-0835 US	P O BOX 254835 PATRICK AFB, FL 32925-0835 US

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02202006 No Chg-NP CR2E037 (11/05)

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

ADAMS, HENRY A
605 N RAMONA AVE
INDIALANTIC, FL 32903

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

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUISENBERRY, WILLIAM
STREET ADDRESS	4040 ESTANCIA WAY
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	TD
NAME	ADAMS, HENRY A
STREET ADDRESS	605 N RAMONA AVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	S
NAME	ADAMS, KATHERINE R
STREET ADDRESS	605 N RAMONA AVE
CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	JRV
NAME	JONES, MARVINL
STREET ADDRESS	175 STEWART DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 329526412
TITLE	VD
NAME	MCNAMEE, ALFRED A
STREET ADDRESS	1569 NW AMHERST DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349862419
TITLE	CD
NAME	PETTENGILL, JR, HOWARD W
STREET ADDRESS	2015 CANTERBURY DRIVE
CITY-ST-ZIP	INDIALANTIC, FL 32903

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03/07/06-80018-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Henry A Adams Henry A Adams 2/16/06 321-726-6971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #