2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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 0 B0X 254835

PATRICK AFB, FL 32925-0835 US

P 0 BOX 254835 PATRICK AFB, FL 32925-0835 US

FILED Jan 25, 2008 08:00 Al Secretary of State



01042008 No Chg-NP

CR2E037 (4/06)

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

DO NOT WRITE

				IN	THIS SPACE	
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 Signature, typed or printed name of registered agent and trile if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61,25 Due by May 1, 2008	Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees		
10. ITILE NAME STREET ADDRESS CITY-ST-2IP	OFFICERS AND DIRECT D QUISENBERRY, WILLIAM 4040 ESTANCIA WAY MELBOURNE, FL 32934	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, HENRY A 605 N RAMONA AVE INDIALANTIC, FL 32903				000000797811 01/30/08-80003-012 70.00	
NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, KATHERINE R 605 N RAMONA AVE INDIALANTIC, FL 32903		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, PAUL B 555 WEST GATEWAY CT MERRITT ISLAND, FL 32952					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPY, JOHN T 207 GLENGARRY AVE MELBOURNE BEACH, FL 32951					
TITLE NAME STREET ADDRESS	PD PETTENGILL, JR, HOWARD W			•		

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:

INDIALANTIC, FL 32903