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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 759456

1. Corporation Name

**CLEARWATER CHAPTER OF THE MILITARY ORDER OF THE
WORLD WARS, INC.**

Principal Place of Business

**4979 CAMBERLEY LANE
OLDSMAR FL 34677**

Mailing Address

**4979 CAMBERLEY LANE
OLDSMAR FL 34677**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/04/1981

4. FEI Number

59-2129092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HARAGEONES, A.J. COL USA
4979 CAMBERLEY LANE
OLDSMAR FL 34677**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
BERRES, JOHN P COL USA
2867 CEDER RUN COURT
CLEARWATER FL 34621-3206**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VP
FITZGERALD, RICHARD A COL USA
2686 BRATTLE LANE
CLEARWATER FL 34621-1200**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T D
HARAGEONES, A.J. COL USA
4979 CAMBERLEY LANE
OLDSMAR FL 34677-5114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S D
BERRY, DAVID C LTC USA
3475 NORTHRIDGE DRIVE
CLEARWATER FL 34621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
JOHNSON, EDWARD C CWO USA
2225 GLENMOOR ROAD SOUTH
CLEARWATER FL 34624-4922**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 any attachment with an address, with all other like empowered.

SIGNATURE:

A.J. Harageones, Colonel, US Army
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

15 Feb 1999 (727) 789-4381

CR2E037 (11/98)