2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90061 024 ****61.25

Daytime Phone #

DOCUMENT # 759456 1. Entity Name CLEARWATER CHAPTER OF THE MILITARY ORDER OF THE WORLD WARS, INC.					Ŭ	115 2005 70001		1.20
Principal Place of Business 4979 CAMBERLEY LANE 0LDSMAR, FL 34677 Mailing Address 4979 CAMBERLEY LANE 0LDSMAR, FL 34677 OLDSMAR, FL 34677								
Principal Place of Business 3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03302005 CI	ng-NP CR2E0	037 (10/03)	
City & State		City & State			4. FEI Number 59-2129092			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current Ro	egistered Agent	Name		7. Name and Add	ress of New Registered	Agent	
HARAGEONES, A.J. COL USA 4979 CAMBERLEY LANE OLDSMAR. FL 34677				Street Address (P.O. Box Number is Not Acceptable)				
Time I for the second of the s				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								
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, 2005 9. Election Campaign Filing Fund Contribution					\$5.00 May Be Added to Fees	Make ched Florida Depa	ck payable to artment of S	
10.	OFFICERS AND DIRE	CTORS Delete	11.	PD	ADDITIONS/CHANG	ES TO OFFICERS AND D	DIRECTORS IN Change	I 10
NAME STREET ADDRESS CITY-ST-ZIP	JUSTICE, WILLIAM G 1912 CLEVELAND ST CLEARWATER, FL 337653009	ta Delete	NAME STREET ADDRESS CITY-ST-ZIP	BER1 286	RES, JOHN 1 7 CEDAR RUI ARWATER, FI	P. COL.USA N COURT L 33761-3206	Containing	Audition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZGERALD, RICHARD A 2686 BRATTLE LANE CLEARWATER, FL 337611200	Delete .	TITLE NAME STREET ADDRESS CITY-ST-2IP	730	2 lst AVE.	ARLES LTC.USA NORTH , FL 33710-74		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T\D HARAGEONES, A.J. COL.USA 4979 CAMBERLEY LANE OLDSMAR, FL 346775114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
TITLE NAME STREET ADDRESS	S\D MILLER, GEALE 200 GLENNES LANE, #202	☐ Delete	TITLE NAME STREET ADORESS				☐ Change	Addition
CITY-ST-ZIP TITLE NAME	DUNEDIN, FL 346985920 D KREY, JOHN W LTCUSA	☐ Delete	CITY-ST-ZIP TITLE NAME				☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	PO BOX 1249 DUNEDIN, FL 34698		STREET ADDRESS CITY+ST+ZIP					
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	PD SMITH, GEORGE K 5027 CROSS POINTE DR. OLDSMAR, FL 346775213	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				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. Finance Officer								
SIGNATURE: Col A. J. HARAGEONES 9 APRIL 2005 (727) 789-4381								

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR