

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-07-2004 90051 035 ****61.25

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MOORE CR2E037 (11/03)

DOCUMENT # 769253					
1. Entity Name THE SOUTHWEST FLORIDA CHAPTER, THE MILITARY ORDER OF THE WORLD WARS, INC.					
Principal Place of Business 5531 BURNHAM CT N. FT MYERS CAPE CORAL FL 33914 US		Mailing Address 3625 SE 17TH PL CAPE CORAL FL 33904-5070 US			
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 59-1891009	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BROWN, ALLEN ALLEN 3625 SE 17TH PLACE CAPE CORAL FL 33914				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				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				DATE 3 April 04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	ADJUTANT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, DANIEL LTC		NAME		
STREET ADDRESS	5531 BURNHAM CT		STREET ADDRESS		
CITY-ST-ZIP	NORTH FT MYERS FL		CITY-ST-ZIP		
TITLE	MEMBER	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, MARY A MAJOR		NAME		
STREET ADDRESS	238 SE 44 TERR		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		CITY-ST-ZIP		
TITLE	1ST VICE COMMANDER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREELove, ELSIE		NAME		
STREET ADDRESS	3813 SE 7 AVE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33904		CITY-ST-ZIP		
TITLE	FINANCE OFFICER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Parrish, Alice LCDR(R)		NAME		
STREET ADDRESS	1917 Gardner Ave		STREET ADDRESS		
CITY-ST-ZIP	Lehigh Acres FL 33972		CITY-ST-ZIP		
TITLE	MANAGER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gardner, Steve		NAME		
STREET ADDRESS	12451 POPASHCT		STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 33903		CITY-ST-ZIP		
TITLE	COMMANDER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN BROWN		NAME		
STREET ADDRESS	3625 SE 17TH PL.		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
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:				DATE 3 April 04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 239-549-6007	