3-31-95T B-2846-NC

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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:27

DOCUMENT # 821857 (0)

1. Corporation Name
MILITARY ORDER OF THE PURPLE HEART SERVICE FOUNDATION, INC.

Principal Place of Business	Mailing Address
7008 LITTLE RIVER TURNPIKE P.O. BOX 49, STE 1 ANNADALE VA 22003 US	7000 LITTLE RIVER TURNPIKE P.O. BOX 49, STE 1 ANNADALE VA 22003 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/19/1968**
3a. Date of Last Report: **04/18/1994**
4. FEI Number: **39-0983584** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ARTHUR, DONALD J
1412 DOVE DRIVE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CARVALHO, JULES JR.	12 NAME	
STREET ADDRESS	761 HERVERTS LN	13 STREET ADDRESS	
CITY-ST-ZIP	COLTON CA	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	FALKOWSKI, CARL	22 NAME	
STREET ADDRESS	1180 CUSHING CIRCLE, APT. #111	23 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BRIGSTOCK, DUANE T.	32 NAME	
STREET ADDRESS	132 W HAMILTON LN	33 STREET ADDRESS	
CITY-ST-ZIP	COLTON CA	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	DUCHESSI, JOHN M	42 NAME	
STREET ADDRESS	42 LINCOLN AVENUE	43 STREET ADDRESS	
CITY-ST-ZIP	AMSTERDAM, NY 00000	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	SHARPE, THOMAS	52 NAME	
STREET ADDRESS	170 BLOOMINGROVE DR.	53 STREET ADDRESS	
CITY-ST-ZIP	TROY NY	54 CITY-ST-ZIP	
TITLE	CD	61 TITLE	☐ Change ☐ Addition
NAME	BINNION, JOHN E.	62 NAME	
STREET ADDRESS	704 W. FIRST ST.	63 STREET ADDRESS	
CITY-ST-ZIP	CROWELL TX	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 an attachment with an address.

SIGNATURE: _____ March 27, 1995 (703) 256-6139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007M94