


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 821857					
1. Corporation Name MILITARY ORDER OF THE PURPLE HEART SERVICE FOUNDATION, INC.					
Principal Place of Business 7008 LITTLE RIVER TURNPIKE SUITE 1 ANNADALE VA 22003 US			Mailing Address P.O. BOX 49 ANNADALE VA 22003 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/19/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		39-0983584	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28			
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ARTHUR, DONALD J 1412 DOVE DRIVE ORLANDO FL 32803			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE			VPD		
NAME			Blaylock, James M.		
STREET ADDRESS			4077 Ballina Dr.		
CITY-ST-ZIP			Decatur, GA 30034		
TITLE			VPD		
NAME			FALKOWSKI, CARL A		
STREET ADDRESS			653 BELLAND AVE		
CITY-ST-ZIP			VADNAIS HT		
TITLE			VPD		
NAME			CARLTON, LEONARD A		
STREET ADDRESS			19260 AZURE RD		
CITY-ST-ZIP			DEEPHAVEN MN		
TITLE			SD		
NAME			PADGETT, ROBERT C JR		
STREET ADDRESS			3825 RODBY DR		
CITY-ST-ZIP			JAX FL		
TITLE			TD		
NAME			SHARPE, THOMAS		
STREET ADDRESS			170 BLOOMINGROVE DR.		
CITY-ST-ZIP			TROY NY		
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

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

SIGNATURE: THOMAS SHARPE 02/02/99 (518) 283-1264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)