
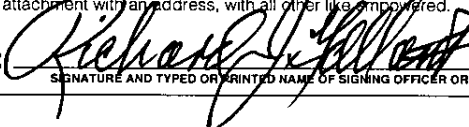


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90258 005 ****61.25

| | | | | | |
|---|----------------------------------|---|--|---|--|
| DOCUMENT # 821857 1. Entity 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 39-0983584 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ARTHUR, DONALD J 1412 DOVE DRIVE ORLANDO, FL 32803 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLAYLOCK, JAMES M | | NAME | | |
| STREET ADDRESS | 4077 BALLINA DR | | STREET ADDRESS | | |
| CITY-ST-ZIP | DECATUR, GA | | CITY-ST-ZIP | | |
| TITLE | 1VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SPINELLI, RICHARD | | NAME | | |
| STREET ADDRESS | 17 7TH STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | NEW BRUNSWICK, NJ 08901 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HEMS, JOSEPH R | | NAME | | |
| STREET ADDRESS | 1271 STOCKTON DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH BRUNSWICK, NJ 08902 | | CITY-ST-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DURKIN, JAMES | | NAME | Secretary | |
| STREET ADDRESS | 4142 MEOLDY LANE | | STREET ADDRESS | Louis C. Tebbe | |
| CITY-ST-ZIP | MARSHALL, VA 20115 | | CITY-ST-ZIP | 4765 Van Tyle Road | |
| CITY-ST-ZIP | MARSHALL, VA 20115 | | CITY-ST-ZIP | Gaylord, MI 49735 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | SHARPE, THOMAS | | NAME | | |
| STREET ADDRESS | 170 BLOOMINGROVE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | TROY, NY | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | Richard J. Gallant Executive Director | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/26/04 Daytime Phone # (703)256-6139 | | |