

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90115 019 ****70.00

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	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
XXXXXXXXXXXX XXXXXXXXXXXX ORLANDO, FL 32809 XXXXXXXXXXXX			Name Frederick A. Taylor, Jr. Street Address (P.O. Box Number is Not Acceptable) 4213 Raccoon Loop City New Port Richey FL Zip Code 34653		
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 Frederick A. Taylor, Jr. - Director February 2005 <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, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD BLAYLOCK, JAMES M XXXXXXXXXXXX XXXXXXXXXXXX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Blaylock, James M. 2227 Forest Glade Drive Stone Mountain, GA 30087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD SPINELLI, RICHARD 17 7TH STREET NEW BRUNSWICK, NJ 08901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEMS, JOSEPH R 1271 STOCKTON DRIVE NORTH BRUNSWICK, NJ 08902	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TEBBE, LOUIS C XXXXXXXXXXXX XXXXXXXXXXXX	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Tebbe, Louis C. 4765 Van Tyle Road Gaylord, MI 49735
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHARPE, THOMAS 170 BLOOMINGROVE DR. TROY, NY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or other like empowered.					
SIGNATURE: Louis R. Tebbe, Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					