

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001652

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** FORT WALTON BEACH CHAPTER #175, THE MILITARY ORDER OF THE WORLD WARS,  
INCORPORATED

**Current Principal Place of Business:**

68 LINWOOD ROAD  
FT WALTON BEACH, FL 325461617

**New Principal Place of Business:**

**Current Mailing Address:**

68 LINWOOD ROAD  
FT WALTON BEACH, FL 325461617

**New Mailing Address:**

**FEI Number:** 59-2202135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STRAUB, PETER G  
68 LINWOOD ROAD  
FT WALTON BEACH, FL 325461617

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: STRAUB, PETER G  
Address: 68 LINWOOD ROAD  
City-St-Zip: FT WALTON BEACH, FL 325461617

Title: D ( ) Delete  
Name: CAHOON, JOHN E JR  
Address: 6 FOREST GROVE PL  
City-St-Zip: FT WALTON BEACH, FL 325486354

Title: D ( ) Delete  
Name: CONNORS, JOHN S  
Address: 70 LINWOOD RD  
City-St-Zip: FT WALTON BEACH, FL 325471617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER G. STRAUB

CMDR

01/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date