


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90244 036 ****70.00

DOCUMENT # N00000001652	
1. Entity Name FORT WALTON BEACH CHAPTER #175, THE MILITARY ORDER OF THE WORLD WARS, INCORPORATED	

Principal Place of Business 68 LINWOOD ROAD FT WALTON BEACH, FL 32546-1617	Mailing Address 68 LINWOOD ROAD FT WALTON BEACH, FL 32546-1617
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01032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # 6 FOREST GROVE PLACE	3. Mailing Address 6 FOREST GROVE PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. WALTON BEACH, FL	City & State FT. WALTON BEACH, FL
Zip 32548	Country USA
Country USA	Zip 32548

4. FEI Number 59-2202135	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STRAUB, PETER G 68 LINWOOD ROAD FT WALTON BEACH, FL 32546-1617	
7. Name and Address of New Registered Agent Name JOHN E. CAHOON, JR. Street Address (P.O. Box Number is Not Acceptable) 6 FOREST GROVE PLACE City FT. WALTON BEACH FL Zip Code 32548	

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: *John E. Cahoon Jr* **CHAPTER COMMANDER** **4 JAN 2007**
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUB, PETER G 68 LINWOOD ROAD FT WALTON BEACH, FL 325461617 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D LEON P. JOHNSON 63 LINWOOD ROAD FT WALTON BEACH, FL 32547 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAHOON, JOHN E JR 6 FOREST GROVE PL FT WALTON BEACH, FL 325486354 <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	D CONNORS, JOHN S 70 LINWOOD RD FT WALTON BEACH, FL 325471617 <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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained in Chapter 119, 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: *John E. Cahoon Jr* **JOHN E. CAHOON, JR** **4 JAN 07** **850-862-5078**
Signature and typed or printed name of signing officer or director Date Daytime Phone #