FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:31

DOCUMENT # N00401 (2)

1. Corporation Name

MILITARY ORDER OF THE PURPLE HEART, CHARLES F. S CHMIDT CHAPTER 466, INC.

Principal Place of Business	Mailing Address
17440 S.E. 18TH ST SILVER SPRINGS FL 32688	17440 S.E. 18TH ST SILVER SPRINGS FL 32688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PATTI, NICHOLAS 17440 SE 18TH ST SILVER SPRINGS FL 32688	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	WILKINSON, RAY	12 NAME	
STREET ADDRESS	361 NE 63RD CT	13 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	14 CITY-ST-ZIP	
TITLE	SVC	21 TITLE	☐ Change ☐ Addition
NAME	BATTILLO, JAMES	22 NAME	
STREET ADDRESS	BOX 419	23 STREET ADDRESS	
CITY-ST-ZIP	ORANGE SPRG FL	24 CITY-ST-ZIP	
TITLE	ADJ	31 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, FORREST	32 NAME	
STREET ADDRESS	9900 SE C 314 BOX 167	33 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CARAFANO, CHARLES	42 NAME	
STREET ADDRESS	1885 VAN ALLEN CIR	43 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, FORREST	52 NAME	
STREET ADDRESS	9900 SE C-314 BOX 167	53 STREET ADDRESS	
CITY-ST-ZIP	SILVER SPRINGS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PATTI, NICHOLAS	62 NAME	
STREET ADDRESS	17440 SE 18TH ST	63 STREET ADDRESS	
CITY-ST-ZIP	SILVERS SPRINGS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Nicholas Patti 3/10/95 904-625-5414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048890