


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00401 (2)

1. Corporation Name **MILITARY ORDER OF THE PURPLE HEART, CHARLES F. S CHMDT CHAPTER 466, INC.**

Principal Place of Business 17440 S.E. 18TH ST SILVER SPRINGS FL 32688	Mailing Address 17440 S.E. 18TH ST SILVER SPRINGS FL 34488-6005
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1983	3a. Date of Last Report 04/22/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, RAY	1.2 NAME	
STREET ADDRESS	381 NE 63RD CT	1.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	SVC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTILLO, JAMES <i>N/A</i>	2.2 NAME	
STREET ADDRESS	BOX 419	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE SPRG FL	2.4 CITY - ST - ZIP	
TITLE	ADJ <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, FORREST	3.2 NAME	
STREET ADDRESS	9900 SE C 314 BOX 167	3.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAFANO, CHARLES	4.2 NAME	
STREET ADDRESS	1885 VAN ALLEN CIR	4.3 STREET ADDRESS	
CITY - ST - ZIP	DELTONA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, FORREST	5.2 NAME	
STREET ADDRESS	9900 SE C-314 BOX 167	5.3 STREET ADDRESS	
CITY - ST - ZIP	SILVER SPRINGS FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTI, NICHOLAS	6.2 NAME	
STREET ADDRESS	17440 SE 18TH ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	SILVERS SPRINGS FL	6.4 CITY - ST - ZIP	

14. I do 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 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* **2/18/97** **352-625-5414**

CR2E037 (9/96)