

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra F. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N00401 (2)			
1. Corporation Name MILITARY ORDER OF THE PURPLE HEART, CHARLES F. S CHMIDT 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 32688	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 9901 S.E. Hwy. 314	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 Silver Spgs. Fl.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 34488	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 MAISON	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 Forrest B. Arnold 82 Street Address (P.O. Box Number is Not Acceptable) 9901 S.E. Hwy. 314 83 84 Silver Spgs. FL 85 Zip Code 34488	
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 <i>Forrest B. Arnold</i> DATE 20 Oct 98			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	ADJ. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILKINSON, RAY	1.2 NAME	DON Washbush
STREET ADDRESS	361 NE 63RD CT	1.3 STREET ADDRESS	3436 S.E. 5th Place
CITY-ST-ZIP	SILVER SPRINGS FL	1.4 CITY-ST-ZIP	60210 FL 34471
TITLE	SVC <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BATTILLO, JAMES	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 checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, FORREST	3.2 NAME	Forrest B. Arnold
STREET ADDRESS	9900 SE C 314 BOX 167	3.3 STREET ADDRESS	9901 S.E. Hwy 314
CITY-ST-ZIP	SILVER SPRINGS FL	3.4 CITY-ST-ZIP	34488
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CARAFANO, CHARLES	4.2 NAME	300002684873-6
STREET ADDRESS	1885 VAN ALLEN CIR	4.3 STREET ADDRESS	-11/10/98-01085-016
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
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 checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTI, NICHOLAS	6.2 NAME	Forrest B. Arnold
STREET ADDRESS	17440 SE 18TH ST	6.3 STREET ADDRESS	9901 SE Hwy 314
CITY-ST-ZIP	SILVER SPRINGS FL	6.4 CITY-ST-ZIP	Silver Springs, FL 34488
14. 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 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: <i>Forrest B. Arnold</i> DATE 6 July 98			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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