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Jan 25, 1999 8:00am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00401

1. Corporation Name

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

Principal Place of Business

Mailing Address

9901 S.E. HWY. 314  
SILVER SPRINGS FL 34488

9901 S.E. HWY. 314  
SILVER SPRINGS FL 34488



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/16/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

NOT APPLICABLE

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARNOLD, FORREST B  
9901 S.E. HWY. 314  
SILVER SPRINGS FL 34488

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE  
NAME WILKINSON, RAY  
STREET ADDRESS 361 NE 63RD CT  
CITY-ST-ZIP SILVER SPRINGS FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SVC ☐ DELETE  
NAME BATTILLO, JAMES  
STREET ADDRESS BOX 419  
CITY-ST-ZIP ORANGE SPRG FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ADJ ☐ DELETE  
NAME WASHBISH, DON  
STREET ADDRESS 3436 S.E. 5TH PLACE  
CITY-ST-ZIP OCALA FL 34471

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME CARAFANO, CHARLES  
STREET ADDRESS 1885 VAN ALLEN CIR  
CITY-ST-ZIP DELTONA FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ARNOLD, FORREST  
STREET ADDRESS 9900 SE C-314 BOX 167  
CITY-ST-ZIP SILVER SPRINGS FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME ARNOLD, FORREST B  
STREET ADDRESS 9901 S.E. HWY. 314  
CITY-ST-ZIP SILVER SPRINGS FL 34488

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE OF FORREST ARNOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6 Jan 1999

CR2E037 (1/98)