

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003130

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE CHAPTER OF THE MILITARY ORDER OF WORLD WARS INCORPORATED.

**Current Principal Place of Business:**

1829 BOLTON ABBEY DRIVE  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

1829 BOLTON ABBEY DRIVE  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 20-0972627

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUDGINS, HOWARD  
12463 BLUEBERRY WOODS CIRCLE EAST  
JACKSONVILLE, FL 32258 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HUDGINS, HOWARD  
Address: 12463 BLUEBERRY WOODS CIRCLE EAST  
City-St-Zip: JACKSONVILLE, FL 32258

Title: DS ( ) Delete  
Name: WILSON, JAMES  
Address: 1829 BOLTON ABBEY DRIVE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: DT ( ) Delete  
Name: WALSH, DONALD  
Address: 644 BRANSCOMB ROAD  
City-St-Zip: GREEN COVE SPRNGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. WILSON

DS

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date