

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004592

FILED
Feb 19, 2005
Secretary of State

Entity Name: TALLAHASSEE CHAPTER 758 MILITARY ORDER OF THE PURPLE HEART, INC.

Current Principal Place of Business:

P.O. BOX 1776
TALLAHASSEE, FL 323021776

New Principal Place of Business:

P.O. BOX 1776
TALLAHASSEE, FL 32302 US

Current Mailing Address:

P.O. BOX 1776
TALLAHASSEE, FL 323021776

New Mailing Address:

P.O. BOX 1776
TALLAHASSEE, FL 32302 US

FEI Number: 01-0813378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCIVER, H. BRUCE
5044 MINT HILL CT
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

MCIVER, H. BRUCE PSD
5044 MINT HILL CT
TALLAHASSEE, FL 32309 US

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: H. BRUCE MCIVER

02/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MCIVER, H. BRUCE
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302

Title: DV () Delete
Name: HUFFCUT, WILLIAM H JR
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302

Title: DT () Delete
Name: SCOTT, HARRY D
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: MCIVER, H. BRUCE PSD
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: DV (X) Change () Addition
Name: HUFFCUT, WILLIAM H JR
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: DV (X) Change () Addition
Name: SCOTT, HARRY D
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: DT () Change (X) Addition
Name: BEINER, ALLEN H T
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: D () Change (X) Addition
Name: SMITH, WILLIAM C D
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302 US

Title: D () Change (X) Addition
Name: MUSTIAN, MIDDLETON T D
Address: P.O. BOX 1776
City-St-Zip: TALLAHASSEE, FL 32302 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: H. BRUCE MCIVER

PSD

02/19/2005

Electronic Signature of Signing Officer or Director

Date