


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004592		
1. Entity Name TALLAHASSEE CHAPTER 758 MILITARY ORDER OF THE PURPLE HEART, INC.		

FILED

07 MAY -4 PM 4:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business P.O. BOX 1776 TALLAHASSEE, FL 32302 US	Mailing Address P.O. BOX 1776 TALLAHASSEE, FL 32302 US
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2. Principal Place of Business - No P.O. Box # <b>241 LAKE ELLA DR.</b>	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Tallahassee, FL</b>	City & State <b>1</b>
Zip <b>32301</b>	Country <b>UNITED STATES</b>

05042007 Chg-NP CR2E037 (12/06) **07**

4. FEI Number <b>01-0813378</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MCIVER, H. BRUCE PD 5044 MINT HILL CT TALLAHASSEE, FL 32309</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

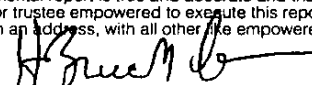
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

Filing Fee is <b>\$61.25</b> Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCIVER, H. BRUCE PD P.O. BOX 1776 TALLAHASSEE, FL 32302 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEON ROY P.O. Box 1776 Tallahassee, FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, III, JAMES G SD P.O. BOX 1776 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500103132995 05/24/07--01013--015 ***70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SWORDS, SAMUEL K DV P.O. BOX 1776 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HOLLAND, III, JAMES G DT P.O. BOX 1776 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM C D P.O. BOX 1776 TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSTIAN, MIDDLETON T D P.O. BOX 1776 TALLAHASSEE, FL 32302 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H. BRUCE MCIVER P.O. Box 1776 Tallahassee, FL 32302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/64/2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #