

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90153 030 ****70.00

DOCUMENT # N05000007083

1. Entity Name

**MILITARY ORDER OF THE PURPLE HEART, JOHN
BURTOFF CHAPTER #87, INC.**



Principal Place of Business

**36025 HILLBROOK AVE.
ZEPHYRHILLS FL 33541**

Mailing Address

**36025 HILLBROOK AVE.
ZEPHYRHILLS FL 33541**

2. Principal Place of Business

36025 HILLBROOK AVE

Suite, Apt. #, etc.

3. Mailing Address

36025 HILLBROOK AVE

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FLA

City & State

ZEPHYRHILLS, FLA.

Zip

33541

Country

Zip

33541

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, RONALD
36025 HILLBROOK AVE.
ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ronald Mitchell

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SITTON, ED**
STREET ADDRESS **P. O. BOX 22972**
CITY-ST-ZIP **TAMPA FL 33622**

TITLE **D** ☐ Delete
NAME **CONDON, PHILIP**
STREET ADDRESS **9603 PAT ST.**
CITY-ST-ZIP **HUDSON FL 34669**

TITLE **D** ☐ Delete
NAME **KEENE, JOHN**
STREET ADDRESS **P. O. BOX 6071**
CITY-ST-ZIP **TAMPA FL 33608**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

RONALD MITCHELL

Ronald Mitchell