


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N05000007083</b>   |  |    |
| 1. Entity Name<br><b>MILITARY ORDER OF THE PURPLE HEART, JOHN BURTOFF CHAPTER #87, INC.</b>  |  |   |
| Principal Place of Business<br><b>36025 HILLBROOK AVE.<br/>ZEPHYRHILLS, FL 33541</b>   | Mailing Address<br><b>36025 HILLBROOK AVE.<br/>ZEPHYRHILLS, FL 33541</b> |   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>MITCHELL, RONALD<br/>36025 HILLBROOK AVE.<br/>ZEPHYRHILLS, FL 33541</b>  |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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.<br><br>SIGNATURE <u><b>RONALD J. MITCHELL</b></u><br><i>Ronald J. Mitchell</i><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |  |   |
| Filing Fee is <b>\$61.25</b><br>Due by <b>May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SITTON, ED<br>P. O. BOX 22972<br>TAMPA, FL 33622                    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CONDON, PHILIP<br>9603 PAT ST.<br>HUDSON, FL 34669                  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>KEENE, JOHN<br>P. O. BOX 6071<br>TAMPA, FL 33608                    |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |
| 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: <u><b>RONALD J. MITCHELL</b></u> <i>Ronald J. Mitchell</i> 1/7/07 813-782-4170<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #   |  |   |



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| 4. FEI Number<br><b>NOT APPLICABLE</b>                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required               |

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01/26/07-80014-001 70.00

**DO NOT WRITE  
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