

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000007083

1. Entity Name

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



FILED
Jul 25, 2008 08:00 AM
Secretary of State



Principal Place of Business

36025 HILLBROOK AVE.
ZEPHYRHILLS FL 33541

Mailing Address

36025 HILLBROOK AVE.
ZEPHYRHILLS FL 33541

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, RONALD
36025 HILLBROOK AVE.
ZEPHYRHILLS FL 33541

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

Signature typed or printed name of registered agent and filer if filer is also agent.

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 U000000956354
CITY- ST- ZIP 07/25/08-800004-011 70.00

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 J. Mitchell, RONALD J. MITCHELL

7-20-08