

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90028 032 \*\*\*\*61.25

|  |   |  |  |
|--|---|--|--|
| <b>DOCUMENT # N06000010580</b><br>1. Entity Name<br><b>THE MILITARY COMMANDERY, INC.</b>   |   |  |  |
| Principal Place of Business<br>7020 HALF MOON CIRCLE<br>#305<br>HYPOLUXO, FL 33462   |   | Mailing Address<br>7020 HALF MOON CIRCLE<br>#305<br>HYPOLUXO, FL 33462   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>116 DESOTA Road</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>116 Desota Rd.</b><br>Suite, Apt. #, etc.   |  |
| City & State<br><b>West Palm Beach, FL</b><br>Zip<br><b>33405</b>  |   | City & State<br><b>West Palm Beach, FL</b><br>Zip<br><b>33405</b>  |  |
| Country<br><b>USA</b>  |   | Country<br><b>USA</b>  |  |
| 4. FEI Number<br><b>74-3192155</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHAFFER, JONATHAN S PRES</b><br><b>7020 HALF MOON CIRCLE</b><br><b>#305</b><br><b>HYPOLUXO, FL 33462</b>   |   | 7. Name and Address of New Registered Agent<br>Name <b>JAMES B. MURPHY III</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>116 DESOTA Rd.</b><br>City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33405</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.  |   |  |  |
| SIGNATURE <u><i>James B. Murphy III</i></u> <u><i>James B. MURPHY III</i></u> <u><i>7-17-2008</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br><b>MURPHY, JAMES B III</b><br><b>116 DESOTA RD</b><br><b>WEST PALM BEACH, FL 33405</b>  | <input type="checkbox"/> Delete  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>PRES</b><br>(Change title from VP to PRES.)   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br><b>MOORE, ROBERT H</b><br><b>790 ANDREWS AVE., 301C</b><br><b>DELRAY BEACH, FL 22483</b> | <input checked="" type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br><b>NICOLETTI, PAUL J</b><br><b>5863 GLEN EAGLE WAY</b><br><b>STUART, FL 34997</b>        | <input checked="" type="checkbox"/> Delete   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>V.P.</b><br><b>DAVID E. RATCLIFF, JR.</b><br><b>717 SHORE DRIVE</b><br><b>BOYNTON BEACH, FL 33435</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete  | <input 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. |   |  |  |
| <b>SIGNATURE:</b> <u><i>James B. Murphy III</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <u><i>7-17-2008 (561)366-8402</i></u><br><small>Date Daytime Phone #</small>   |  |