


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90108 031 \*\*\*\*61.25

<b>DOCUMENT # N14764</b>	
1. Entity Name <b>SPACE COAST-INDIAN RIVER CHAPTER, NO. 170, THE MILITARY ORDER OF THE WORLD WARS, INC.</b>	

Principal Place of Business <b>P O BOX 254835 PATRICK AFB, FL 32925-0835 US</b>	Mailing Address <b>P O BOX 254835 PATRICK AFB, FL 32925-0835 US</b>
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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



01152007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2097359</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		7. Name and Address of New Registered Agent	
<b>ADAMS, HENRY A 605 N RAMONA AVE INDIALANTIC, FL 32903</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>QUISENBERRY, WILLIAM</b>			NAME			
STREET ADDRESS	<b>4040 ESTANCIA WAY</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MELBOURNE, FL 32934</b>			CITY-ST-ZIP			
TITLE	<b>TD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADAMS, HENRY A</b>			NAME			
STREET ADDRESS	<b>605 N RAMONA AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>			CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ADAMS, KATHERINE R</b>			NAME			
STREET ADDRESS	<b>605 N RAMONA AVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>			CITY-ST-ZIP			
TITLE	<b>JRV</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JONES, MARVINL</b>			NAME	<b>Paul B. Lawrence</b>		
STREET ADDRESS	<b>175 STEWART DRIVE</b>			STREET ADDRESS	<b>555 W. GATEWAY CT</b>		
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 329526412</b>			CITY-ST-ZIP	<b>Merritt Island, FL 32952</b>		
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCNAMEE, ALFRED A</b>			NAME	<b>John T. Murphy</b>		
STREET ADDRESS	<b>1569 NW AMHERST DRIVE</b>			STREET ADDRESS	<b>207 GLENGARRY AVE</b>		
CITY-ST-ZIP	<b>PORT SAINT LUCIE, FL 349862419</b>			CITY-ST-ZIP	<b>Melbourne Beach, FL 32951</b>		
TITLE	<b>CD</b>	<input type="checkbox"/> Delete		TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PETTENGILL, JR, HOWARD W</b>			NAME			
STREET ADDRESS	<b>2015 CANTERBURY DRIVE</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>INDIALANTIC, FL 32903</b>			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:** Henry A. Adams **HENRY A. ADAMS** **16 JAN 07** **321-726-6971**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #