


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90070 007 ****61.25

DOCUMENT # N26370	
1. Entity Name	
MILITARY ORDER OF THE PURPLE HEART, ROBERT C. PADGETT, JR., CHAPTER 524, INC.	

Principal Place of Business	Mailing Address
7342 HENNESSEY ROAD JACKSONVILLE FL 32244 US	P.O. BOX 7422 JACKSONVILLE FL 32238-0422 US



2. Principal Place of Business - No P.O. Box # 14147 INLET DRIVE	3. Mailing Address 14147 INLET DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.


1st MOORE CR2E037 (10/06)

City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32225	Zip 32225
Country US	Country US

4. FEI Number 59-2687509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEPOPE, JOHN G 7342 HENNESSEY ROAD JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent
Name JOHNSON William D
Street Address (P.O. Box Number is Not Acceptable) 14147 INLET DRIVE
City JACKSONVILLE
State FL
Zip Code 32225

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  WILLIAM D JOHNSON ADJUTANT	DATE 02/26/07
Signature, typed name of registered agent not file if applicable (NOTE: Registered Agent signature required when re-registering)	

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEPOPE, JOHN G 7342 HENNESSEY RD JACKSONVILLE FL 32244-4710 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FRENCH, ROBERT L 2701 SPRINGMONT ST. JACKSONVILLE FL 32207-4519 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ELLIS, CHRISTINA M 660 SEABROOK PKWY JACKSONVILLE FL 32211 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DYJAK, LOIS 14535 BEACH FL JACKSONVILLE BEACH FL 32250 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WINGATE, CHARLES 3790 HELICON DRIVE JACKSONVILLE FL 32223 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, WILLIAM D 14147 INLET DR JACKSONVILLE, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T.D LEE R BROWN III 1695 ASPEN CT ORANGE PARK, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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:  WILLIAM D JOHNSON	DATE: 02/26/07	PHONE: 904-220-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		