

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26370

FILED
Mar 20, 2009
Secretary of State

Entity Name: MILITARY ORDER OF THE PURPLE HEART, ROBERT C. PADGETT, JR., CHAPTER 524, INC.

Current Principal Place of Business:

14147 INLET DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

14147 INLET DRIVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 59-2687509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, WILLIAM D
14147 INLET DRIVE
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, WILLIAM D
Address: 14147 INLET DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VSD () Delete
Name: FRENCH, ROBERT L
Address: 2701 SPRINGMONT ST.
City-St-Zip: JACKSONVILLE, FL 322074519

Title: TD () Delete
Name: BROWN, LEE R III
Address: 1695 ASPEN CT
City-St-Zip: ORANGE PARK, FL 32073

Title: VD () Delete
Name: SMITH, WILLIAM M
Address: 4105 BRIAR FOREST ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D JOHNSON

PD

03/20/2009

Electronic Signature of Signing Officer or Director

Date