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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DOCUMENT # N45479

1. Corporation Name
PURPLE HEART VETERANS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5804 TENTH AVENUE NEW PORT RICHEY FL 34652-4742 US	5804 TENTH AVE NEW PORT RICHEY FL 34652-4742 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/04/1991
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3090999 ☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip / 25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SHRED, GEORGE F
5804 TENTH AVE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	PADGETT, ROBERT C JR		1.2 NAME	BROWN GORDON K	
STREET ADDRESS	3825 RODBY DRIVE		1.3 STREET ADDRESS	6580 YEDRA	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	FORT PIERCE FL. 34951-4445	
TITLE	VP	☒ DELETE	2.1 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME	BROWN, GORDON K		2.2 NAME	BEAGLE PAUL P.	
STREET ADDRESS	6580 YEDRA		2.3 STREET ADDRESS	933 S.W. BAY STATE RD.	
CITY-ST-ZIP	FORT PIERCE FL 31951-4445		2.4 CITY-ST-ZIP	PORT ST. LUCIE FL. 34953	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	SHRED, GEORGE F		3.2 NAME	ROBERT A. HANRIGHT	
STREET ADDRESS	5804 TENTH AVE		3.3 STREET ADDRESS	SECRETARY 695 SNOOK AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652-4742		3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		☐ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME			4.2 NAME	GEORGE SHRED	
STREET ADDRESS			4.3 STREET ADDRESS	5804 TENTH AVE	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652-4742	
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME			5.2 NAME	EDWIN L. BATCHFIELD	
STREET ADDRESS			5.3 STREET ADDRESS	3011 W. PATTERSON ST	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	TAMPA FL. 33210	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	GEORGE PASSWATER	
STREET ADDRESS			6.3 STREET ADDRESS	8142 AZALEA LANE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	ORANGE PARK FL. 32073	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/20/1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #