

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90053 042 ****61.25
07-09-1999 90017 038 ****61.25

DOCUMENT # N98000005956

1. Corporation Name

MILITARY ORDER OF THE PURPLE HEART ST. LUCIE COU
NTY CHAPTER #650-FL, INC. ✓

Principal Place of Business
933 SW BAY STATE ROAD
PORT ST. LUCIE FL 34953

Mailing Address
933 SW BAY STATE ROAD
PORT ST. LUCIE FL 34953

5 585362 - 90017 - 38



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0410687	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BEAGLE, PAUL 933 SW BAY STATE ROAD PORT ST. LUCIE FL 34953				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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 PAUL BEAGLE

Signature, typed or printed name of registered agent and title if applicable.

Gaul Beagle

(NOTE: Registered Agent signature required when reinstating)

6/30/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COMMANDER <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER BUCK	1.2 NAME	
STREET ADDRESS	726 NW RAINBOW ST. D	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	1.4 CITY-ST-ZIP	
TITLE	SR.V.COMMANDER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD FLAREAU	2.2 NAME	
STREET ADDRESS	741 SE LIGHTHOUSE AVE. D	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	2.4 CITY-ST-ZIP	
TITLE	JR.V.COMMANDER <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM RULE D	3.2 NAME	
STREET ADDRESS	386 FERNS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	3.4 CITY-ST-ZIP	
TITLE	ADTT. & FINANCE OFFICER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL BEAGLE	4.2 NAME	
STREET ADDRESS	933 SW BAY STATE ROAD D	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE, FL. 34953	4.4 CITY-ST-ZIP	
TITLE	TRUSTEE <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRED TURNER T	5.2 NAME	
STREET ADDRESS	2409 OLEANDER AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL. 34982	5.4 CITY-ST-ZIP	
TITLE	TRUSTEE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM SIMMONS T	6.2 NAME	
STREET ADDRESS	4 ELEGNA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	6.4 CITY-ST-ZIP	

4. 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:

PAGNABEAGLE REQUIRED Paul Beagle 7/1/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)