

DOCUMENT # N98000005956

1. Entity Name

MILITARY ORDER OF THE PURPLE HEART ST. LUCIE COU

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90064 035 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0410687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BEAGLE, PAUL
933 SW BAY STATE ROAD
PORT ST. LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	BUCK, WALTER	
STREET ADDRESS	726 NW RAINBOW ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	SVCD	<input type="checkbox"/> Delete
NAME	FLAREAU, DONALD	
STREET ADDRESS	741 SE LIGHTHOUSE AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	JVCD	<input type="checkbox"/> Delete
NAME	RULE, WILLIAM	
STREET ADDRESS	386 FERRIS DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	AFOD	<input type="checkbox"/> Delete
NAME	BEAGLE, PAUL	
STREET ADDRESS	933 SW BAY STATE ROAD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, FRED	
STREET ADDRESS	2409 OLEANDER AVE	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, WILLIAM	
STREET ADDRESS	4 ELGNA DR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

SIPAULZUBEAGLE-PAUL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/06/01 - (561) 879-3855

CR2E037 (10/00)