

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90173 043 ****61.25

DOCUMENT # N99000000959

1. Entity Name

**MILITARY ORDER OF THE PURPLE HEART, EAST PASCO C
HAPTER #705 INCORPORATED**



Principal Place of Business

**40430 SUNBURST DR
DADE CITY FL 33525**

Mailing Address

**40430 SUNBURST DR
DADE CITY FL 33525**

2. Principal Place of Business

7143 ASHLAND AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS FL

City & State

ZEPHYRHILLS FL

4. FEI Number **52-2220093**

Applied For

Not Applicable

Zip

33540

Country

PASCO

Zip

33540

Country

PASCO

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KRONNER, JAMES
40430 SUNBURST DR
DADE CITY FL 33525**

7. Name and Address of New Registered Agent

Name **ROBERT DEHAVEN**

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

7143 ASHLAND AVE

City

ZEPHYRHILLS

FL

Zip Code

33540

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

X Robert J. DeHaven

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KRONNER, JAMES	
STREET ADDRESS	40430 SUNBURST DR	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PILVINSKY, MICHAEL	
STREET ADDRESS	28439 DEEDEA DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, M. A.	
STREET ADDRESS	7312 LANDOVER DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR DAMSGARD	
STREET ADDRESS	37631 FLORENCE AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DEHAVEN	
STREET ADDRESS	7143 ASHLAND AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540	
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:

Robert J. DeHaven

April 4, 2003 8137884236

CR2E037 (10/02)