

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 28 PM 7:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N12289 (7)**

1. Corporation Name

**AMERICAN EX PRISONERS OF WAR DEPARTMENT OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**\* JOANNE HITCHCOCK  
111 SHORE DRIVE  
DUNEDIN FL 34698**

**C/O JEAN BILLIG  
1008 S. SAN REMO AVE.  
CLEARWATER FL 34616  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/26/1985**

3a. Date of Last Report

**02/04/1994**

4. FEI Number

**59-2445954**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

3. Election Campaign Financing

Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

**21 205 ELAND DRIVE**

Suite, Apt. #, etc.

**22 N. FT. MYERS, FL.**

City & State

**23**

DEPT OF FL. AM. EX-POW

ROBERT CORBETT, TREAS.

205 ELAND DRIVE

N. FT. MYERS, FL 33917

**24**

**33917**

Country

**U.S.A**

**25**

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**HITCHCOCK, WAYNE  
111 SHORE DRIVE  
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

**81**

**82**

**83**

**84**

**DEPT OF FL. AM. EX-POW  
ROBERT CORBETT, TREAS.  
205 ELAND DRIVE  
N. FT. MYERS, FL 33917**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

**ROBERT F. CORBETT - TREAS.**

**4-24-95**

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

(NOTE: Registered Agent signature required when used.)

DATE

12. OFFICERS AND DIRECTORS

|                 |                   |
|-----------------|-------------------|
| TITLE           | D                 |
| NAME            | HITCHCOCK, WAYNE  |
| STREET ADDRESS  | 111 SHORE DR      |
| CITY - ST - ZIP | DUNEDIN FL        |
| TITLE           | D                 |
| NAME            | FISHER, ROBERT    |
| STREET ADDRESS  | 1106 LANCER LANE  |
| CITY - ST - ZIP | TARPON SPRINGS FL |
| TITLE           | S                 |
| NAME            | ANDERSON, DORIS   |
| STREET ADDRESS  | 2189 BARRY DR.    |
| CITY - ST - ZIP | FT. MYERS FL      |
| TITLE           | D                 |
| NAME            | WARD, HARRY, A    |
| STREET ADDRESS  | 308 TIMBRUCE LANE |
| CITY - ST - ZIP | PT CHARLOTTE FL   |
| TITLE           | C                 |
| NAME            | SOLOTOFF, IRVING  |
| STREET ADDRESS  | 1794 NE 145TH ST  |
| CITY - ST - ZIP | MIAMI FL          |
| TITLE           | T                 |
| NAME            | BILLIG, JEAN      |
| STREET ADDRESS  | 1008 S REMO       |
| CITY - ST - ZIP | CLEARWATER FL     |

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                               |                                                                                         |
|---------------------|-------------------------------|-----------------------------------------------------------------------------------------|
| 1.1 TITLE           | C                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            | BRUCE A. HALL                 |                                                                                         |
| 1.3 STREET ADDRESS  | 196 FAIRWAY DRIVE             |                                                                                         |
| 1.4 CITY - ST - ZIP | ORMOND BEACH, FL 32176        |                                                                                         |
| 2.1 TITLE           | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            | WAYNE HITCHCOCK               |                                                                                         |
| 2.3 STREET ADDRESS  | 111 SHORE DRIVE               |                                                                                         |
| 2.4 CITY - ST - ZIP | DUNEDIN, FL 34698             |                                                                                         |
| 3.1 TITLE           |                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 3.2 NAME            |                               |                                                                                         |
| 3.3 STREET ADDRESS  |                               |                                                                                         |
| 3.4 CITY - ST - ZIP |                               |                                                                                         |
| 4.1 TITLE           | D                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            | IRVING M. SOLOTOFF, PSC       |                                                                                         |
| 4.3 STREET ADDRESS  | 1794 N.E. 145TH ST            |                                                                                         |
| 4.4 CITY - ST - ZIP | MIAMI, FL 33181 33181         |                                                                                         |
| 5.1 TITLE           | C. L. SWARMER                 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | 520 PALM SPRINGS BLVD. #602   |                                                                                         |
| 5.3 STREET ADDRESS  | INDIAN HARBOR BEACH, FL 32937 |                                                                                         |
| 5.4 CITY - ST - ZIP |                               |                                                                                         |
| 6.1 TITLE           | T/D                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            | ROBERT CORBETT, TREAS.        |                                                                                         |
| 6.3 STREET ADDRESS  | 205 ELAND DRIVE               |                                                                                         |
| 6.4 CITY - ST - ZIP | N. FT. MYERS, FL 33917        |                                                                                         |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), 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.

SIGNATURE:

**ROBERT F. CORBETT - TREAS.**

**Robert F. Corbett**

**4-24-95 995-6956**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #