

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12289 (7)

1. Corporation Name

AMERICAN EX PRISONERS OF WAR DEPARTMENT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

205 ELAND DR
N FT MYERS FL 33917
US205 ELAND DRIVE
N FT MYERS FL 33917-1512
US3. Date Incorporated or Qualified
11/26/19853a. Date of Last Report
02/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2445954

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBETT, ROBERT
205 ELAND DRIVE
N FT MYERS FL 33917

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	HALL, BRUCE A.	
STREET ADDRESS	196 FAIRWAY DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HITCHCOCK, WAYNE	
STREET ADDRESS	111 SHORE DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ANDERSON, DORIS	
STREET ADDRESS	2189 BARRY DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLOTOFF, IRVING M.	
STREET ADDRESS	1794 NE 145TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWARMER, C.L.	
STREET ADDRESS	520 PALM SPRINGS BLVD #602	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORBETT, ROBERT	
STREET ADDRESS	205 ELAND DR	
CITY-ST-ZIP	N FT MYERS FL	

1.1 TITLE	C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph R. Garber	
1.3 STREET ADDRESS	544 Oak Island Circle	
1.4 CITY-ST-ZIP	Plant City, FL 33565	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bruce A Hall	
2.3 STREET ADDRESS	196 Fairway Drive	
2.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056875

CP2E037 (9/96)