

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12289 (7)

1. Corporation Name

AMERICAN EX PRISONERS OF WAR DEPARTMENT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

205 ELAND DR 6451 BRIGHT RD  
N FT MYERS FL 33917 205 ELAND DRIVE  
US N FT MYERS FL 33917  
US



3. Date Incorporated or Qualified

11/26/1985

4. FEI Number

59-2445954

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ 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

Abbie W. Ricciardi

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

6451 BRIGHT RD

83

84 City

N. Ft Myers

FL

85 Zip Code

33917

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

*Abbie W. Ricciardi*

Abbie W. Ricciardi Texas 5/14/98

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 ☒ DELETE

NAME D HALL, BRUCE A. William Wells

STREET ADDRESS 408 FAIRWAY DR 137 Maple Lane

CITY-ST-ZIP ORMOND BEACH FL Lake Helen FL

TITLE ☐ DELETE

NAME GARBER, JOSEPH

STREET ADDRESS 544 OAK ISLAND CIRCLE

CITY-ST-ZIP PLANT CITY FL

TITLE ☐ DELETE

NAME ANDERSON, DORIS

STREET ADDRESS 2180 BARRY DR.

CITY-ST-ZIP FT. MYERS FL 33907

TITLE ☒ DELETE

NAME SOLOTOFF, IRVING M. Joseph Klein

STREET ADDRESS 1704 NE 145TH STREET 14803 Constance Dr

CITY-ST-ZIP MIAMI FL Hudson, FL 34667

TITLE ☒ DELETE

NAME CORBETT, ROBERT

STREET ADDRESS 205 ELAND DR

CITY-ST-ZIP N FT MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

William A. Wells

137 Maple Lane

Lake Helen FL 32744

TRUST

Abbie W. Ricciardi

6451 BRIGHT RD

N. Ft Myers, FL 33917

Joseph Klein

14803 Constance Dr

Hudson, FL 34667

14. 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.

SIGNATURE

*Abbie W. Ricciardi*

4/11/98

941 400 2300

CR2E037 (10/97)