

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 016 ****61.25

DOCUMENT # N12289
1. Entity Name
AMERICAN EX PRISONERS OF WAR DEPARTMENT OF FLORIDA, INC.



Principal Place of Business
**346 ROSARIO STREET
PUNTA GORDA FL 33983
US**

Mailing Address
**346 ROSARIO STREET
PUNTA GORDA FL 33983
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.


City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-2445954** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

MOORE CR2E037 (11/03)



6. Name and Address of Current Registered Agent
**JULIE LITTLE
346 ROSARIO STREET
PUNTA GORDA FL 33983**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Julie Little, Treasurer *Julie Little* 4-5-04
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
Due By May 1, 2004**

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	P	<input checked="" type="checkbox"/> Delete
NAME	LIVINGSTONE, ROY E	
STREET ADDRESS	1561 GLEN HOLLOW LANE S.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	T	<input type="checkbox"/> Delete
NAME	LITTLE, JULIE	
STREET ADDRESS	346 ROSARIO STREET	
CITY-ST-ZIP	PUNTA GORDA FL 33983-5852	
TITLE	S	<input type="checkbox"/> Delete
NAME	RAZVOZA, NANCY	
STREET ADDRESS	73 CORNELIUS BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, JOSEPH F	
STREET ADDRESS	760 KINGSTON COURT	
CITY-ST-ZIP	APOLLO BEACH FL 33572-3429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LITTLE, DEVERN C	
STREET ADDRESS	346 ROSARIO ST.	
CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERNON, RAY	
STREET ADDRESS	446 SUNNYSIDE DRIVE	
CITY-ST-ZIP	VENICE FL 34293	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward DeMent	
STREET ADDRESS	8735 Doral Oaks Dr.	
CITY-ST-ZIP	Temple Terrace, Fl. 33617	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy E. Livingstone	
STREET ADDRESS	1561 Glen Hollow Lane, S	
CITY-ST-ZIP	Dunedin, Fl. 34698	
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: Julie Little Julie Little, Treasurer 4-5-04 941-629-4955