

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90031 005 \*\*\*\*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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-2445954**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JULIE LITTLE  
346 ROSARIO STREET  
PUNTA GORDA FL 33983**

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*

**4-2-05**

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, 2005**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE P** ☒ Delete  
**NAME EDWARD, DEMENT**  
**STREET ADDRESS 8735 DORAL OAKS DR.**  
**CITY-ST-ZIP TEMPLE TERRACE FL 33617**

**TITLE P** ☒ Change ☐ Addition  
**NAME John H. Anderson**  
**STREET ADDRESS 242 NanNook Rd.**  
**CITY-ST-ZIP Mexico Beach, Fl. 32410**

**TITLE T** ☐ Delete  
**NAME LITTLE, JULIE**  
**STREET ADDRESS 346 ROSARIO STREET**  
**CITY-ST-ZIP PUNTA GORDA FL 33983-5852**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE S** ☐ Delete  
**NAME RAZVOZA, NANCY**  
**STREET ADDRESS 73 CORNELIUS BLVD.**  
**CITY-ST-ZIP PORT CHARLOTTE FL 33953**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE D** ☒ Delete  
**NAME PATTERSON, JOSEPH F**  
**STREET ADDRESS 760 KINGSTON COURT**  
**CITY-ST-ZIP APOLLO BEACH FL 33572-3429**

**TITLE D** ☒ Change ☐ Addition  
**NAME William A. Allen**  
**STREET ADDRESS 421 Fourth Ave. N**  
**CITY-ST-ZIP Terre Verde, Fl. 33715**

**TITLE D** ☒ Delete  
**NAME LIVINGSTONE, ROY E**  
**STREET ADDRESS 1561 GLEN HOLLOW LANE SOUTH**  
**CITY-ST-ZIP DUNEDIN FL 34698**

**TITLE D** ☒ Change ☐ Addition  
**NAME Edward DeMent**  
**STREET ADDRESS 8735 Doral Oaks Dr.**  
**CITY-ST-ZIP Temple Terrace, Fl. 33617**

**TITLE D** ☐ Delete  
**NAME VERNON, RAY.**  
**STREET ADDRESS 446 SUNNYSIDE DRIVE**  
**CITY-ST-ZIP VENICE FL 34293**

**TITLE** ☐ Change ☐ 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 4-2-05 941-629-4955**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #