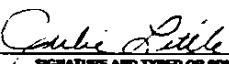


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 014 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 Signature, typed or printed name of registered agent and title if applicable.				5-14-2007 DATE	
Filing Fee is \$61.25 Due by September 14, 2007		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	TITLE	P	☒ Change ☐ Addition
NAME	ALLEN, WILLIAM		NAME	Vernon Ray	
STREET ADDRESS	421 4TH AVE N		STREET ADDRESS	446 Sunnyside Dr.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		CITY-ST-ZIP	Venice, Fl. 34293	
TITLE	T	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	LITTLE, JULIE		NAME	William Allen	
STREET ADDRESS	346 ROSARIO STREET		STREET ADDRESS	421 Fourth Ave. N	
CITY-ST-ZIP	PUNTA GORDA, FL 339835852		CITY-ST-ZIP	Terre Verde, Fl. 33715	
TITLE	S	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	RAZVOZA, NANCY		NAME	Lee Jenks	
STREET ADDRESS	73 CORNELIUS BLVD.		STREET ADDRESS	1120 Daleside Lane	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	New Port Richey, Fl. 34655	
TITLE	D	☐ Delete	TITLE		
NAME	ANDERSON, JOHN H		NAME		
STREET ADDRESS	242 NANOOK RD		STREET ADDRESS		
CITY-ST-ZIP	MEXICO BEACH, FL 32410		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		
NAME	DEMENT, EDWARD		NAME		
STREET ADDRESS	8735 DORAL OAKS DR		STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		
NAME	VERNON, RAY		NAME		
STREET ADDRESS	446 SUNNYSIDE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Treasurer 5/21/07 941-629-4955 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date Daytime Phone #			