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

05212007 Chg-NP CR2E037 (12/06)

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

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 5-14-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALLEN, WILLIAM 421 4TH AVE N SAINT PETERSBURG, FL 33715	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Vernon Ray 446 Sunnyside Dr. Venice, Fl. 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LITTLE, JULIE 346 ROSARIO STREET PUNTA GORDA, FL 339835852	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Allen 421 Fourth Ave. N Terre Verde, Fl. 33715	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAZVOZA, NANCY 73 CORNELIUS BLVD. PORT CHARLOTTE, FL 33953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lee Jenks 1120 Daleside Lane New Port Richey, Fl. 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JOHN H 242 NANOOK RD MEXICO BEACH, FL 32410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMENT, EDWARD 8735 DORAL OAKS DR TEMPLE TERRACE, FL 33617	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VERNON, RAY 446 SUNNYSIDE DRIVE VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Julie Little, Treasurer 5/21/07 941-629-4955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #