

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12289

FILED
Apr 23, 2008
Secretary of State

Entity Name: AMERICAN EX PRISONERS OF WAR DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

346 ROSARIO STREET
PUNTA GORDA, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

346 ROSARIO STREET
PUNTA GORDA, FL 33983 US

New Mailing Address:

FEI Number: 59-2445954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JULIE LITTLE
346 ROSARIO STREET
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, WILLIAM
Address: 421 4TH AVE N
City-St-Zip: SAINT PETERSBURG, FL 33715

Title: T () Delete
Name: LITTLE, JULIE
Address: 346 ROSARIO STREET
City-St-Zip: PUNTA GORDA, FL 339835852

Title: S () Delete
Name: RAZVOZA, NANCY
Address: 73 CORNELIUS BLVD.
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: ANDERSON, JOHN H
Address: 242 NANOOK RD
City-St-Zip: MEXICO BEACH, FL 32410

Title: D () Delete
Name: DEMENT, EDWARD
Address: 8735 DORAL OAKS DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: P () Delete
Name: VERNON, RAY
Address: 446 SUNNYSIDE DRIVE
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE LITTLE

Electronic Signature of Signing Officer or Director

TREA

04/23/2008

Date