

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90084 027 \*\*\*\*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

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  
Signature, typed or printed name of registered agent and title if applicable.

*Julie Little*

2-4-03

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roy E. Livingstone</b>	
STREET ADDRESS	<b>1561 Glen Hollow Lane S</b>	
CITY-ST-ZIP	<b>Dunedin, Fl. 34698</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DeVern C. Little</b>	
STREET ADDRESS	<b>346 Rosario Street</b>	
CITY-ST-ZIP	<b>Punta Gorda, FL. 33983</b>	
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 2-4-03 941-629-4955

CR2E037 (10/02)