FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 22 AM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13063 (5)

1. Corporation Name

NORTH CENTRAL FLORIDA CHAPTER OF AMERICAN EX-PRI SONERS OF WAR, INC.

Principal Place of Business	Mailing Address
633-A SILVERPASS OCALA FL 34472	633-A SILVERPASS OCALA FL 34472

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1986
3a. Date of Last Report: 02/14/1994
4. FEI Number: 59-2440560 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWRENCE L. ARRINGTON
7101 N.E. 199 STREET
CITRA 32113

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	JAMES SIMMONS	12 NAME	Cathy Simmons
STREET ADDRESS	251 C308 & C309 Deceased	13 STREET ADDRESS	251 C308 & C309
CITY-ST-ZIP	GEORGETOWN FL	14 CITY-ST-ZIP	George Town Fl.
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	TOM BOYD	22 NAME	700001522257
STREET ADDRESS	633-A SILVER PASS	23 STREET ADDRESS	-06/23/95--01080--010
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	*****68.75 *****68.75
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHN ASH	32 NAME	I have Been
STREET ADDRESS	1601 N.W. 150 AVENUE	33 STREET ADDRESS	in Thevame in Gainevill
CITY-ST-ZIP	OCALA FL	34 CITY-ST-ZIP	for 57 days & Found
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	DOLORES ARRINGTON	42 NAME	this form
STREET ADDRESS	7101 N.E. 199 ST.	43 STREET ADDRESS	LE Rays
CITY-ST-ZIP	CITRA FL	44 CITY-ST-ZIP	
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	ROBERT PRESCOD	52 NAME	
STREET ADDRESS	478 WATER LANE	53 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	54 CITY-ST-ZIP	
TITLE	C	61 TITLE	☐ Change ☐ Addition
NAME	HARVEY, ROBERT A	62 NAME	
STREET ADDRESS	2864C 42ND LN	63 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas E. Boyd Thomas E. Boyd 5/22/95 904-687-4986
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

000250