

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13063 (5)

1. Corporation Name
NORTH CENTRAL FLORIDA CHAPTER OF AMERICAN EX-PRISONERS OF WAR, INC.



Principal Place of Business: **633-A SILVERPASS Ocala FL 34472**
Mailing Address: **633-A SILVERPASS Ocala FL 34472**

3. Date Incorporated or Qualified 01/21/1986	3a. Date of Last Report 06/22/1995
4. FEI Number 59-2440560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent LAWRENCE L. ARRINGTON 7101 N.E. 199 STREET CITRA FL 32113		10. Name and Address of New Registered Agent	
81. Name	ROBERT A. HARVEY		
82. Street Address (P.O. Box Number is Not Acceptable)	2864C 42ND LN		
83.			
84. City	OCALA	85. State	FL
		86. Zip Code	34881

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert A. Harvey* DATE: **2/1/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, CATHY	12. NAME	
STREET ADDRESS	251 C308 & C309	13. STREET ADDRESS	
CITY-ST-ZIP	GEORGE TOMN FL	14. CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM BOYD	22. NAME	
STREET ADDRESS	633-A SILVER PASS	23. STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN ASH	32. NAME	
STREET ADDRESS	1601 N.W. 150 AVENUE	33. STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	34. CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLORES ARRINGTON	42. NAME	D-Sec. VIOLA DUPUIS DUPUIS
STREET ADDRESS	7101 N.E. 199 ST.	43. STREET ADDRESS	1150 S.E. H4464
CITY-ST-ZIP	CITRA FL	44. CITY-ST-ZIP	OKLAWAHA, FL 32179
TITLE	SD <input checked="" type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT PRESCOD	52. NAME	D SADIE ASH
STREET ADDRESS	478 WATER LANE	53. STREET ADDRESS	1601 N.W. 150 AVENUE
CITY-ST-ZIP	OCALA FL	54. CITY-ST-ZIP	OCALA, FL 34482
TITLE	C <input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, ROBERT A	62. NAME	
STREET ADDRESS	2864C 42ND LN	63. STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	64. CITY-ST-ZIP	

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)(k), 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, Treas.* DATE: **2/8/96** PHONE: **352-687-4986**

CR2E037 (12/95)