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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 344723. Date Incorporated or Qualified
01/21/19863a. Date of Last Report
02/14/19964. FEI Number
59-2440560Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent

HARVEY, ROBERT A.
8864 C 92ND LANE
OCALA FL 34881

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SIMMONS, CATHY
STREET ADDRESS 251 C308 & C309
CITY-ST-ZIP GEORGE TOMN FLTITLE TD ☐ DELETE
NAME TOM BOYD
STREET ADDRESS 633-A SILVER PASS
CITY-ST-ZIP Ocala FLTITLE D ☐ DELETE
NAME JOHN ASH
STREET ADDRESS 1801 N.W. 150 AVENUE
CITY-ST-ZIP Ocala FLTITLE DS ☐ DELETE
NAME DUPUIS, VIOLA
STREET ADDRESS 11550 SE HY 464
CITY-ST-ZIP OKLAWAHA FLTITLE D ☐ DELETE
NAME ASH, SADIE
STREET ADDRESS 1801 NW 150 AVENUE
CITY-ST-ZIP Ocala FLTITLE C ☐ DELETE
NAME HARVEY, ROBERT A
STREET ADDRESS 2884C 42ND LN
CITY-ST-ZIP Ocala FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 B. Boyd 2/4/97 351-687-4486

CR2E037 (9/96)