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Feb 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/21/1986

4. FEI Number

59-2440560

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**HARVEY, ROBERT A.
8884 C 92ND LANE
OCALA FL 34881**

**C
JOSEPH DUPUIS
1154 S.E. HWY 464
OCKLAWAHA, FL. 34474**

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 **JOSEPH DUPUIS**

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

(NOTE: Registered Agent signature)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
SIMMONS, CATHY**
STREET ADDRESS **251 C308 & C309**
CITY-ST-ZIP **GEORGE TOWN FL**

TITLE ☐ DELETE

NAME **TD
TOM BOYD**
STREET ADDRESS **633-A SILVER PASS**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D
JOHN ASH**
STREET ADDRESS **1601 N.W. 150 AVENUE**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **DS
DUPUIS, VIOLA**
STREET ADDRESS **4455 SE HY 464**
CITY-ST-ZIP **OKLAWAHA FL**

TITLE ☒ DELETE

NAME **D
ASH, SADIE**
STREET ADDRESS **1601 NW 150 AVENUE**
CITY-ST-ZIP **OCALA FL**

TITLE ☐ DELETE

NAME **D
HARVEY, ROBERT A**
STREET ADDRESS **2884C 42ND LN**
CITY-ST-ZIP **OCALA FL**

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**C
JOSEPH DUPUIS
1154 S.E. HWY 464
OCKLAWAHA, FL. 34474**

STORS IN 12
nge ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 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:

JOSEPH DUPUIS 2/16/98 39482-4081

CR2E037 (10/97)