

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90064 035 ****61.25

DOCUMENT # N13063

1. Corporation Name

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

Principal Place of Business

633-A SILVERPASS
OCALA FL 34472

Mailing Address

633-A SILVERPASS
OCALA FL 34472



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/21/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2440560

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUPUIS, JOSEPH
1154 SE HWY 46A
OCKLAWAHA FL 34474

OK

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 *Thomas Boyd*
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 ☐ DELETE
NAME **D**
STREET ADDRESS **SIMMONS, CATHY**
CITY-ST-ZIP **251 C308 & C309**
GEORGE TOMN FL

OK

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

OK

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

OK

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **DUPUIS, VIOLA**
CITY-ST-ZIP **1154 SE HWY 46A**
OKLAWAHA FL

OK

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **DUPUIS, JOSEPH**
CITY-ST-ZIP **1154 SE HWY 46A**
OCKLAWAHA FL 34474

OK

TITLE ☐ DELETE
NAME **C**
STREET ADDRESS **HARVEY, ROBERT A**
CITY-ST-ZIP **2864C 42ND LN**
OCALA FL

OK

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 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, with all other like empowered.

SIGNATURE:

Thomas Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Boyd 352-687-4986
Date Daytime Phone #

CR2E037 (1/98)