

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90022 027 ****61.25

DOCUMENT # N13063

1. Entity Name

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



Principal Place of Business

Mailing Address

7391 SW 15TH PLACE
OCALA FL 34474
US

7391 SW 15TH PLACE
OCALA FL 34474
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2440560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YOUNG, WILLIS
5159 NE 9TH ST.
OCALA FL 34470**

Name

KEARBEE, BYRON

Street Address (P.O. Box Number is Not Acceptable)

9976 S.W. 182ND CIRCLE

City

DUNNELLON

FL

Zip Code

34432

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Byron Kearbee

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Delete
NAME **YOUNG, WILLIS**
STREET ADDRESS **5159 NE 9TH ST.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **C** ☒ Change ☐ Addition
NAME **KEARBEE, BYRON**
STREET ADDRESS **9976 S.W. 182ND CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **VP** ☐ Delete
NAME **GRAYSON, JOHN**
STREET ADDRESS **12063 SW 72ND COURT**
CITY-ST-ZIP **BELLEVUE FL 34420**

TITLE **S** ☒ Change ☐ Addition
NAME **KEARBEE, DARLENE**
STREET ADDRESS **9976 S.W. 182ND CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE **VP** ☒ Delete
NAME **FALCONER, SHARON**
STREET ADDRESS **7391 SW 15TH PLACE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE **T** ☒ Change ☐ Addition
NAME **FALCONER, SHARON**
STREET ADDRESS **7391 S.W. 15TH PL**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **S/T** ☒ Delete
NAME **KEARBEE, BYRON**
STREET ADDRESS **9976 SW 182ND CIRCLE**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **VP** ☐ Change ☒ Addition
NAME **SHEALY, ARCH**
STREET ADDRESS **1228 S.E. 16TH ST**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE **D** ☐ Delete
NAME **LINK, ELSIE**
STREET ADDRESS **5095 NW 18TH STREET**
CITY-ST-ZIP **OCALA FL 34482**

TITLE **D** ☐ Change ☒ Addition
NAME **CASELI, JOHN**
STREET ADDRESS **6517 S.W. 111 LOOP**
CITY-ST-ZIP **OCALA, FL 34476**

TITLE **D** ☐ Delete
NAME **DUPUIS, VIOLA**
STREET ADDRESS **11540 SE HWY 464**
CITY-ST-ZIP **OCKLAWAHA FL 32179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon A. Falconer (SHARON A. FALCONER)

2/11/05 (352) 237-1570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #