

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90047 035 ****61.25

DOCUMENT # N13063

1. Entity Name

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



Principal Place of Business

**7391 SW 15TH PLACE
OCALA FL 34474
US**

Mailing Address

**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

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEARBAY, BYRON
9976 SW 182ND CIRCLE
DUNNELLON FL 34432**

Name

SHARON A. FALCONER

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

7391 S.W. 15th PL

City

OCALA

FL

Zip Code

34474

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

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

(NOTE: Registered Agent signature required when reappointing)

2/15/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME **C**
STREET ADDRESS **KEARBAY, BYRON**
CITY-ST-ZIP **9976 SW 182ND CIRCLE
DUNNELLON FL 34432**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **KEARBAY, DARLENE**
CITY-ST-ZIP **9976 SW 182ND CIRCLE
DUNNELLON FL 34432**

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **FALCONER, SHARON**
CITY-ST-ZIP **7391 SW 15TH PL
OCALA FL 34474**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **SHEALY, ARCH**
CITY-ST-ZIP **1228 SE 16TH ST
OCALA FL 34471**

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

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

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **DUPUIS, VIOLA**
CITY-ST-ZIP **11540 SE HWY 464
OCLAWAHA 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 exemptions contained in Section 119, 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 (Secretary) SHARON A. FALCONER (352) 237-1570**