

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90041 039 ****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 - No P.O. Box #

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

FALCONER, SHARON A
7391 SW 15TH PLACE
OCALA FL 34474

Name

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

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	C	<input type="checkbox"/> Delete
NAME	KEARBY, BYRON	
STREET ADDRESS	9976 SW 182ND CIRCLE	
CITY, ST, ZIP	DUNNELLON FL 34432	
TITLE	S	<input type="checkbox"/> Delete
NAME	KEARBEY, DARLENE	
STREET ADDRESS	9976 SW 182ND CIRCLE	
CITY, ST, ZIP	DUNNELLON FL 34432	
TITLE	T	<input type="checkbox"/> Delete
NAME	FALCONER, SHARON	
STREET ADDRESS	7391 SW 15TH PL	
CITY, ST, ZIP	OCALA FL 34474	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHEALY, ARCH	
STREET ADDRESS	1228 SE 16TH ST	
CITY, ST, ZIP	OCALA FL 34471	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINK, ELSIE	
STREET ADDRESS	5095 NW 18TH STREET	
CITY, ST, ZIP	OCALA FL 34482	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUPUIS, VIOLA	
STREET ADDRESS	11540 SE HWY 464	
CITY, ST, ZIP	OCKLAWAHA FL 32179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JR. Vice Commander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAVES, PAIGE	
STREET ADDRESS	4070 S.W. 168th Circle	
CITY, ST, ZIP	OCALA, FL 34481	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASSELLI, JOHN	
STREET ADDRESS	6517 G.W. III Loop	
CITY, ST, ZIP	OCALA, FL 34476	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* **SHARON A. FALCONER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/07

Date

(352) 231-1576

Daytime Phone #