2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90044 015 ****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

1st MOORE CR2E037 (10/07)

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 changed.) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C KEARBY, BYRON 9976 SW 182ND CIRCLE DUNNELLON FL 34432	☐ Delete	SECRETARY EDITH BLALACK 17793 NW 195 AVE ALACHUA, FL. 32615-4763	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KEARBEY, DARLENE 9976 SW 182ND CIRCLE DUNNELLON FL 34432	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FALCONER, SHARON 7391 SW 15TH PL OCALA FL 34474	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHEALY, ARCH 1228 SE 16TH ST OCALA FL 34471	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINK, ELSIE 5095 NW 18TH STREET OCALA FL 34482	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUPUIS, VIOLA 11540 SE HWY 464 OCKLAWAHA FL 32179	☐ Delete		☐ Change ☐ Addition

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 1/23/08 (352) 237-1570