

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13063

FILED  
Jan 05, 2009  
Secretary of State

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

**Current Principal Place of Business:**

7391 SW 15TH PLACE  
OCALA, FL 34474 US

**New Principal Place of Business:**

**Current Mailing Address:**

7391 SW 15TH PLACE  
OCALA, FL 34474 US

**New Mailing Address:**

**FEI Number:** 59-2440560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: BLALACK, EDITH  
Address: 19793 NW 175 AVE  
City-St-Zip: ALACHUA, FL 32615

Title: T ( ) Delete  
Name: FALCONER, SHARON  
Address: 7391 SW 15TH PL  
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete  
Name: SHEALY, ARCH  
Address: 1228 SE 16TH ST  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: LINK, ELSIE  
Address: 5095 NW 18TH STREET  
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete  
Name: DUPUIS, VIOLA  
Address: 11540 SE HWY 464  
City-St-Zip: OCKLAWAHA, FL 32179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A. FALCONE

T

01/05/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date