2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# N13063

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
Name: BLALACK, EDITH
Address: 19793 NW 175 AVE
City-St-Zip: ALACHUA, FL 32615 US

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

Title: VC
Name: SHEALY, ARCH
Address: 1228 SE 16TH ST
City-St-Zip: OCALA, FL 34471 US

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

Title: C
Name: KEARBY, BYRON
Address: 9976 SW 182ND
City-St-Zip: DUNNELLON, FL 34432 US

Title: CH
Name: BLALACK, HAROLD
Address: 17793 NW 175 AVE
City-St-Zip: ALACHUA, FL 32615 US

I hereby 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 all other like empowered.

SIGNATURE: SHARON A. FALCONER T 01/05/2011
Electronic Signature of Signing Officer or Director Date