

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13063

**FILED**  
**Jan 30, 2012**  
**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  
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

01/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date