2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N13063

FILED Apr 09, 2003 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

5095 NW 18TH ST. 7391 SW 15TH PLACE OCALA, FL 34482 US OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

5095 NW 18TH ST. 7391 SW 15TH PLACE OCALA, FL 34482 US OCALA, FL 34474 US

FEI Number: 59-2440560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LINK, WILLIAM

5095 NW 18TH ST.

OCALA, FL 34482 US

NORTH CENTRAL FLORIDA CHAPTER EX-POW
7391 SW 15TH PLACE
OCALA, FL 34474 US

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: SHARON FALCONER 04/09/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: C (X) Change () Addition Name: SIMMONS, CATHY Name: FALCONER, SHARON

 Name:
 SIMMONS, CATHY
 Name:
 FALCONER, SHARON

 Address:
 251 C308 & C309
 Address:
 7391 SW 15TH PLACE

 City-St-Zip:
 GEORGE TOMN, FL
 City-St-Zip:
 OCALA, FL 34474

Title: T () Delete Title: VP (X) Change () Addition Name: LINK, ELSIE Name: GRAYSON, JOHN

 Name
 Link, ELSIE
 Name
 GRATSON, JOHN

 Address:
 5095 NW 18TH ST
 Address:
 12063 SW 72ND COURT

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:
 BELLEVIEW, FL 34420

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 JOHN ASH,
 Name:
 YOUNG, WILLIS

 Address:
 1601 N.W. 150 AVENUE
 Address:
 5159 NE 9TH STREET

 City-St-Zip:
 OCALA, FL
 34470

Title: DS () Delete Title: S/T (X) Change () Addition

 Name:
 DUPUIS, VIOLA
 Name:
 KEARBEY, BYRON

 Address:
 1154 SE HWY 464
 Address:
 9976 SW 182ND CIRCLE

 City-St-Zip:
 OKLAWAHA, FL
 City-St-Zip:
 DUNNELLON, FL 34432

Title: C () Delete Title: D (X) Change () Addition

 Name:
 LINK, WILLIAM
 Name:
 LINK, ELSIE

 Address:
 5095 NW 18TH ST.
 Address:
 5095 NW 18TH STREET

City-St-Zip: OCALA, FL 34482 City-St-Zip: OCALA, FL 34482

Title: A () Delete Title: D (X) Change () Addition Name: REES, FLORINE Name: RISCILI, NICK

Address: 1101-B W. GLENEAGLE RD. Address: 6043 SE 118TH PLACE
City-St-Zip: OCALA, FL 34472 City-St-Zip: BELLEVIEW, FL 34420

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BYRON KEARBEY S/T 04/09/2003