

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N28025** (7)

1. Corporation Name

**THE AMERICAN EX-PRISONERS OF WAR BARBED WIRE SEM  
INOLE CHAPTER INC.**

Principal Place of Business

**1008 SAN REMO AVE S  
CLEARWATER FL 34616  
US**

Mailing Address

**1008 SAN REMO AVE S  
CLEARWATER FL 34616  
US**



3. Date Incorporated or Qualified  
**08/24/1988**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

**21 3145 Las Olas Drive**

**26 3145 Las Olas Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 Dunedin, FL**

**28 Dunedin, FL**

Zip

Country

Zip

Country

**24 34698**

**25 Pinellas**

**29 34698**

**30 Pinellas**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BILLIG, JEAN E.  
1008 SOUTH SAN REMO AVENUE  
CLEARWATER FL 34616**

**81 Name CSEH, LETTIE**

**82 Street Address (P.O. Box Number is Not Acceptable)**

**83 3145 Las Olas Drive**

**84 City**

**Dunedin**

**FL**

**85 Zip Code 34698**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

*Lettie Cseh*  
Signature, typed or printed name of registered agent and title if applicable.

**LETTIE CSEH, TREASURER**

**April 24, 1996**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VC	<input type="checkbox"/> DELETE
NAME	CRAM, JAMES	
STREET ADDRESS	2305 NASH ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CMD	<input checked="" type="checkbox"/> DELETE
NAME	SOKOLOWSKI, FELIX	
STREET ADDRESS	12940 116TH ST N	
CITY-ST-ZIP	LARGO FL	
TITLE	SVC	<input checked="" type="checkbox"/> DELETE
NAME	GAMBLE, CLIFFORD L.	
STREET ADDRESS	111 EVELYN AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BILLIG, JEAN E.	
STREET ADDRESS	1008 S. SAN REMO AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	AD	<input checked="" type="checkbox"/> DELETE
NAME	HITCHCOCK, JOANNA	
STREET ADDRESS	111 SHORE DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HITCHCOCK, WAYNE	
STREET ADDRESS	111 SHORE DRIVE	
CITY-ST-ZIP	DUNEDIN FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CMD
2.3 STREET ADDRESS	GAMBLE, CLIFFORD L.
2.4 CITY-ST-ZIP	1269 Flushing Avenue
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SVC
3.3 STREET ADDRESS	HITCHCOCK, JOANNA
3.4 CITY-ST-ZIP	111 Shore Drive
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DT
4.3 STREET ADDRESS	CSEH, LETTIE
4.4 CITY-ST-ZIP	3145 Las Olas Drive
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	AD
5.3 STREET ADDRESS	BILLIG, JEAN E.
5.4 CITY-ST-ZIP	1008 S. San Remo Avenue
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	SOKOLOWSKI, FELIX
6.4 CITY-ST-ZIP	12940 116th Street North

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Lettie Cseh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LETTIE CSEH, TREASURER**

**04/24/96**

**813-786-8009**

Date

Daytime Phone #

CR2E037 (12/95)