FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N28025

(7)

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

| | | | | | | | | | | ALI BIEN BIBLIE | |
|---|---|--|--------------------------------------|--|-----------------------------|---------------------------------|---------------------------|---|---------------------------|----------------------------|-----------------------------|
| Principal Place of Business Mailing Address | | | | | | | | i thuiten dem ermet amert mureb bir | 181 8111 WINTER | lif Bidos asdus A | SMIL MIKIS IMAI |
| 3145 LAS OLAS DRIVE DUNEDIN FL 34698 | | | | 3145 LAS OLAS DR DUNEDIN FL 34698-2966 US | | | | | | | |
| U\$ | | | US | | | | | 3. Date Incorporated or Qualified 08/24/1988 | i 3a, Da | te of Last R 04/29/19 | eport 1 96 |
| 2. Principal Place of Business | | | | 2a. Mailing Address 26 | | | | 4. FEI Number 59-2326900 | | | oplied For ot Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| City & State | | | | City & State | | | | 6. Election Campaign Financing\$5.00 May Be | | | |
| 23 | | | | 28 | | | | Trust Fund Contribution Added to Fees | | | |
| Zip | <u> </u> | Country | | Zip | - | Country | | 8. This corporation has liability for | | tax under s. █ No | . 199.032, |
| 24 | 9 Name a | 5 nd Address of Curre | 29 nt Begist | ered Agent | 30 | Т | | Florida Statutes 10. Name and Address of New I | | | |
| | g. Name d | | | | | 81 | Name | | | | |
| CSEH, L | FITTE | | | | | 00 | Ctrant / | Address (B.O. Bay Number in Not Assent | ablal | | |
| 3145 I.AS OLAS DRIVE | | | | 82 | | | Street A | Address (P.O. Box Number is Not Accept | able) | | |
| | N FL 34698 | | | | | 83 | | | | | |
| 00,100 | | | | | | 84 | City | | | 85 Zip (| Code |
| | | | | | | | | | FL | | |
| 11. Pursuant to office or readent. Lar | to the provisio egistered age m familiar with | ns of Sections 617.05 nt, or both, in the State accept the Stire | 02 and 61 of Florid ations of. | 7.1508, Florida Statu a. Such change was Section 617.0503. F | tes, th author lorida | e above rized by Statutes | e-named the corp s. | corporation submits this statement for the poration's board of directors. I hereby acc | purpose of ept the app | changing it ointment as | s registered registered |
| SIGNATURE _ | ~ | ettie se | • | | | | | | PRIL 1 | | 197 |
| Signature, typed of printed name of registered agent and title if applicable (NOTE: | | | | | | stered Age | | required when reinstating) | DATE | | |
| 12. | 146 | OFFICERS AN | ID DIREC | | | 13. | | ADDITIONS/CHANGES TO OF | | | |
| TITLE | VC | **** | | DELETE | | .1 TITLE | ļ | | | ☐ Change | Addition |
| NAME | CRAM, J | | | | | .2 NAME | | | | | |
| STHEET ADDRESS | 2305 NA | | | | | .3 STREET | | | | | |
| CITY-ST-ZIP TITLE | CLEARW | AIER FL | | X DELETE | | A CITY-S | T-ZIP | CMD | | X Change | Addition |
| ļ | CMD | CLIFFORD L | | (F) DELL'IL | | 2 NAME | | LIVINGSTONE, ROY | | - Change | LI MASIIIO |
| NAME STREET ADDRESS | | ISHING AVE | | | | .9 STREET | ADDRESS | 116 Buttonwood C | | | |
| CITY - ST - ZIP | CLEARW | | | | 10. | :. 4 CITY-1 | 1 | SEMINOLE, FL | 11016 | | |
| TITLE | SVC | 751 611 1 6 | | DELETE | | 1 TITLE | ***** | SVC | ···· | Change | Addition |
| NAME | | CK, JOANNA | | | | .2 NAME | | GAMBLE, CLIFFORD | | ~ - | |
| STREET ADDRESS | 111 SHO | | | | | .3 STREET | ADDRESS | 1269 FLUSHING AV | | | |
| CITY - S1 - ZIP | DUNEDIN | | | | | 3.4. CITY-1 | | CLEARWATER, FL | | | |
| TITLE | DT | | | ☐ DELETE | | L1 TITLE | | | | Change | Addition |
| NAME | CSEH, LE | TTIE | | | 4 | . 2 NAME | | | | ÷ | |
| STREET ADDRESS | | OLAS DR | | | - [4 | .3 STREET | ADDRESS | | • | | |
| CITY-ST-ZIP | DUNEDIN | I FL | | | 4 | .4 CITY-S | T-ZIP | | | | |
| TITLE | AD | | | DELETE | 5 | .1 TITLE | | | | Change | Addition |
| NAME | BILLIG, J | | | | 4 | 2 NAME | | | | | |
| STREET ADDRESS | | AN REMO AVE | | | 6 | .3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | CLEARW | ATER FL | | | | 4 CITY-S | T-ZIP | | | | |
| TITLE | D | | | X DELETE | ŧ | .1 TITLE | | D | : : | X Change | Addition |
| NAME | | wski, felix | | | б | .2 NAME | | HITCHCOCK, WAYNE | | | |
| STREET ADDRESS | | 6TH ST NORTH | | | 6 | .3 STREET | ADDRESS | 111 SHORE DRIVE | | | |
| CITIC CT TID | LADON | : 1 | | | | A PITO 6 | T 700 | DUMBRIAN DI | | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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

TURE AND TYPED OR PRINNED NAME OF FIGHING OFFICER OR DIRECTOR