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Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90061 044 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28025

1. Corporation Name

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

Principal Place of Business

3145 LAS OLAS DRIVE
DUNEDIN FL 34698
US

Mailing Address

3145 LAS OLAS DR
DUNEDIN FL 34698
US

336910 - 90061 - 44



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

08/24/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2326900

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CSEH, LETTIE
3145 LAS OLAS DRIVE
DUNEDIN FL 34698

81 Name

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

83

84 City

FL

85 Zip Code

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, TREASURER

APRIL 10, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VC
NAME CRAM, JAMES
STREET ADDRESS 2305 NASH ST
CITY-ST-ZIP CLEARWATER FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE CMD
NAME LIVINGSTONE, ROY E
STREET ADDRESS 116 BUTTONWOOD CIR.
CITY-ST-ZIP SEMINOLE FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE SVC
NAME GAMBLE, CLIFFORD L
STREET ADDRESS 1269 FLUSHING AVE.
CITY-ST-ZIP CLEARWATER FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

SVC Pro-Tem
MOULLIS, RALPH E.
37376 No.U.S. 19 - Lot 101
Palm Harbor, FL 34684

Change Addition

TITLE DT
NAME CSEH, LETTIE
STREET ADDRESS 3145 LAS OLAS DR
CITY-ST-ZIP DUNEDIN FL

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE AD
NAME BILLIG, JEAN E.
STREET ADDRESS 1008 S SAN REMO AVE
CITY-ST-ZIP CLEARWATER FL

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME HITCHCOCK, WAYNE
STREET ADDRESS 111 SHORE DRIVE
CITY-ST-ZIP DUNEDIN FL

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I 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, with all other like empowered.

SIGNATURE: LETTIE CSEH, TREASURER

04/10/99

(727) 786-8009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)