

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 # **N30449** (5)

1. Corporation Name

**WEST CENTRAL FLORIDA CHAPTER OF THE AMERICAN EX-  
PRISONERS OF WAR, INC.**

Principal Place of Business

P O BOX 256  
HOLDER FL 34445  
US

Mailing Address

P O BOX 256  
HOLDER FL 34445  
US



3. Date Incorporated or Qualified  
**02/01/1989**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RICHARDS, JEAN  
1662 W PEARSON ST  
HERNANDO FL 34442**

81 Name  
**Donald Kremper**

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

**9020C S.W. 93 Lane**

83 City

**Ocala**

84 City

**Ocala**

**\*\*\*61.25**

**FL**

85 Zip Code  
**34481**

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 **Donald Kremper**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **March 10, 1996**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **KREMPER, DONALD**  
STREET ADDRESS **9020C SW 93 LANE**  
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **D** ☐ Change ☐ Addition  
1.2 NAME **Douglas Robinson**  
1.3 STREET ADDRESS **8618 E. Gospel Road - #48**  
1.4 CITY-ST-ZIP **Inverness, FL. 34450**

TITLE **D** ☐ DELETE  
NAME **ROBINSON, DOUGLAS**  
STREET ADDRESS **8618 E GOSPEL IS RD #48**  
CITY-ST-ZIP **INVERNESS FL**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Philip Chirico**  
2.3 STREET ADDRESS **8479B S.W. 92nd Lane**  
2.4 CITY-ST-ZIP **Ocala, FL. 34481**

TITLE **S** ☐ DELETE  
NAME **ROBINSON, LILLIAN**  
STREET ADDRESS **8618 E. GOSPEL ISLAND RD., SUITE 48**  
CITY-ST-ZIP **INVERNESS FL**

3.1 TITLE **S** ☐ Change ☐ Addition  
3.2 NAME **Lillian Robinson**  
3.3 STREET ADDRESS **8618 E. Gospel Road**  
3.4 CITY-ST-ZIP **Inverness, FL. 34450**

TITLE **TD** ☐ DELETE  
NAME **KERNS, ZOE**  
STREET ADDRESS **3195 SW 183RD TERR**  
CITY-ST-ZIP **DUNNELLON FL**

4.1 TITLE **TD** ☐ Change ☐ Addition  
4.2 NAME **Zoe Kerns**  
4.3 STREET ADDRESS **3195 S.W. 183rd Terrace**  
4.4 CITY-ST-ZIP **Dunnellon, FL. 34432**

TITLE **D** ☐ DELETE  
NAME **HAUSOLD, GEORGE**  
STREET ADDRESS **20575 SW 92 LANE**  
CITY-ST-ZIP **DUNNELLON FL**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Jean Richards**  
5.3 STREET ADDRESS **1662 W. PeARSON Street**  
5.4 CITY-ST-ZIP **Hernando, FL. 34442**

TITLE **CD** ☒ DELETE  
NAME **NEWSOM, MELVIN**  
STREET ADDRESS **4318 S. FLORIDA AVE. - #9**  
CITY-ST-ZIP **INVERNESS FL**

6.1 TITLE **George Hausold** ☐ Change ☐ Addition  
6.2 NAME **George Hausold**  
6.3 STREET ADDRESS **20575 SW. 92nd Lane**  
6.4 CITY-ST-ZIP **Dunnellon, FL. 34431**

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: **Donald Kremper**

**Mar. 10, 1996 352-873-1455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)