

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 34445-0256  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City &amp; State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City &amp; State

28

Zip

Country

29

30

3. Date Incorporated or Qualified  
02/01/19893a. Date of Last Report  
03/14/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. 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  
1862 W PEARSON ST  
HERNANDO FL 34442

81 Name Douglas Robinson

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

8618 E. Gospel Is. Road - #48

83 Inverness, Florida 34450

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 Douglas Robinson

Feb. 9, 1997

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 D ☒ DELETE  
NAME KREMPER, DONALD  
STREET ADDRESS 9020C SW 93 LANE  
CITY-ST-ZIP Ocala FL1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Douglas Robinson  
1.3 STREET ADDRESS 8618 E. Gospel Is. Rd., #48  
1.4 CITY-ST-ZIP Inverness, FL 34450TITLE D ☒ DELETE  
NAME ROBINSON, DOUGLAS  
STREET ADDRESS 8618 E GOSPEL IS RD #48  
CITY-ST-ZIP INVERNESS FL2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Richard Kerns  
2.3 STREET ADDRESS 3195 S.W. 183rd Terrace  
2.4 CITY-ST-ZIP Dunnellon, FL 34432TITLE S ☐ DELETE  
NAME ROBINSON, LILLIAN  
STREET ADDRESS 8618 E. GOSPEL ISLAND RD., SUITE 48  
CITY-ST-ZIP INVERNESS FL3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Helvin Newsom  
3.3 STREET ADDRESS 4318S. Florida Ave. - #9,  
3.4 CITY-ST-ZIP Inverness, FL 34450TITLE TD ☒ DELETE  
NAME KERNS, ZOE  
STREET ADDRESS 3195 SW 183RD TERR  
CITY-ST-ZIP DUNNELLON FL4.1 TITLE S/D ☒ Change ☐ Addition  
4.2 NAME Lillian Robinson  
4.3 STREET ADDRESS 8618 E. Gospel Is. Rd., #48  
4.4 CITY-ST-ZIP Inverness, FL 34450TITLE D ☒ DELETE  
NAME HAUSOLD, GEORGE  
STREET ADDRESS 20575 SW 92 LANE  
CITY-ST-ZIP DUNNELLON FL5.1 TITLE TD ☐ Change ☐ Addition  
5.2 NAME Zoe Kerns  
5.3 STREET ADDRESS 3195 S.W. 183rd Terrace  
5.4 CITY-ST-ZIP Dunnellon, FL 34432TITLE D ☒ DELETE  
NAME CHIRICO, PHILLIP  
STREET ADDRESS 8479B S.W. 92ND LANE  
CITY-ST-ZIP Ocala FL 344816.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME Donald Krenper  
6.3 STREET ADDRESS 9020C S.W. 93 Lane  
6.4 CITY-ST-ZIP Ocala, FL 3448114. 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.

Director:

SIGNATURE: Douglas Robinson

Feb. 9, 1997 352-344-0315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0066203

CR2E037 (9/96)