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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30449** (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

P O BOX 256
HOLDER FL 34445
US

P O BOX 256
HOLDER FL 34445
US

3. Date Incorporated or Qualified

02/01/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, DOUGLAS
8618 E. GOSPEL IS. ROAD
#48
INVERNESS FL 34450

81 Name

KERNS RICHARD

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

3195 S.W. 183RD TERRACE

83

84 City

DUNNELLON

FL

85 Zip Code

34432

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

Richard Kerns

2-12-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D**
NAME **ROBINSON, DOUGLAS**
STREET ADDRESS **8613 E. GOSPEL IS. RD., #48**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE **D**
NAME **KERNS, RICHARD**
STREET ADDRESS **3195 S.W. 183RD TERRACE**
CITY-ST-ZIP **DUNNELLON FL**

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

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

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

TITLE **SD**
NAME **ROBINSON, LILLIAN**
STREET ADDRESS **8613 E. GOSPEL IS. RD., #48**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE **TD**
NAME **KERNS, ZOE**
STREET ADDRESS **3195 S.W. 183RD TERRACE**
CITY-ST-ZIP **DUNNELLON FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **HAUSDOLD, GEORGE**
5.3 STREET ADDRESS **20575 SW. 92ND LANE**
5.4 CITY-ST-ZIP **DUNNELLON, FL, 34431**

TITLE **D**
NAME **KREMPEL, DONALD**
STREET ADDRESS **9020C S.W. 83 LANE**
CITY-ST-ZIP **OCALA FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **ELLEG HAWORTH**
6.3 STREET ADDRESS **215 S. TYLON ST**
6.4 CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

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.

SIGNATURE:

George Hausold

GEORGE HAUSDOLD 2/11/98

352-489-414

CR2E037 (10/97)