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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N30449

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/01/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KERNS, RICHARD
3195 SW 183RD TERRACE
#48
DUNNELLON FL 34432

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
HAUSOLD, GEORGE
STREET ADDRESS
20575 SW 92NS LANE
CITY-ST-ZIP
DUNNELLON FL 34431

TITLE ☐ DELETE

NAME
HAWORTH, ELSIE
STREET ADDRESS
215 S TYLOR ST
CITY-ST-ZIP
BEVERLY HILLS FL 34465

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

George Hausold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99

352-489-1114

Date

Daytime Phone #

CR2E037 (11/98)