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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N31017** (9)

1. Corporation Name

AMERICAN EX-PRISONERS OF WAR, FLORIDA STATE CHAPTER #1, INC.

Principal Place of Business

~~10815 GADDIE COURT~~
PORT RICHEY FL 34668

Mailing Address

~~10815 GADDIE COURT~~
PORT RICHEY FL 34668



3. Date Incorporated or Qualified
02/27/1989

3a. Date of Last Report
11/04/1996

2. Principal Place of Business

21 **11122 #2 PEMBRIDGE CT.**

2a. Mailing Address

26 **11122 #2 PEMBRIDGE CT.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **PORT RICHEY, FL**

City & State

28 **PORT RICHEY, FL**

Zip

24 **34668**

Country

Zip

29 **34668**

Country

30

4. FEI Number

59-3059542

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

MC GEE, DOUGLAS C
10815 GADDIE COURT
PORT RICHEY FL 34668

81 Name **SAME**

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

11122 #2 PEMBRIDGE CT.

83

84 City **SAME**

FL

85 Zip Code **SAME**

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 C. McGee

APRIL 20, 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	P	<input checked="" type="checkbox"/> DELETE
NAME	HIONEDES, ANN	
STREET ADDRESS	1147 KING ARTHUR COURT, #218	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JENKS, DORIS	
STREET ADDRESS	1120 DALESIDE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENKS, LEE	
STREET ADDRESS	1120 DALESIDE LANE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MC GEE, DOUGLAS C.	
STREET ADDRESS	10815 GADDIE COURT	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HIONEDES, NICK	
STREET ADDRESS	1147 KING ARTHUR COURT #218	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OMTVEDT, CLIFF	
STREET ADDRESS	10521 SCENIC DRIVE	
CITY-ST-ZIP	PORT RICHEY FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM GOOD	
1.3 STREET ADDRESS	9035 HARROW PL.	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34655	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS	11122 #2 PEMBRIDGE CT.	
4.4 CITY-ST-ZIP	PORT RICHEY, FL. 34668	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ARMAND BOUCHER	
6.3 STREET ADDRESS	1449 AMY CIRCLE	
6.4 CITY-ST-ZIP	SPRING HILL, FL 34606	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 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: *Douglas C. McGee* **REQUIRED DOUGLAS C. MCGEE (813) 863 677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000

CR2E037 (9/96)