

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 17, 2008 8:00 am
Secretary of State

06-24-2008 90001 016 ****61.25

DOCUMENT # N31017 1. Entity Name AMERICAN EX-PRISONERS OF WAR, FLORIDA STATE CHAPTER #1, INC.					
Principal Place of Business 29313 CADDYSHACK LN SAN ANTONIO FL 33576 US			Mailing Address 29313 CADDYSHACK LN SAN ANTONIO FL 33576 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3059542	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKS, DORIS 1120 DALESIDE LANE NEW PORT RICHEY FL 34655				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Signature of officer or director of corporation or individual 7/9/08 DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIONEDAS, ANN 1147 KING ARTHUR COURT #216 DUNEDIN FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, JAMES 29313 CADDYSHACK LN SAN ANTONIO FL 33576		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLINCHY, FRANK 12215 MEADOWBROOK LN BOYONET POINT FL 34667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE Commander Joe Palmer 8530 Bampton Drive Hudson, FL 34667	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHESE, VINCINT 12400 EAGLESWOOD DR APT A HUDSON FL 34667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, LAWRENCE 12210 SILK OAK LANE BAYONET POINT FL 34667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					