## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31017

FILED Jan 09, 2009 Secretary of State

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

Current P	rincipal Place of Business:	New Principal Place of Business:
	DDYSHACK LN ONIO, FL 33576 US	6290 PINEHURST DRIVE SPRING HILL, FL 34606 US
Current M	lailing Address:	New Mailing Address:
	DDYSHACK LN ONIO, FL 33576 US	6290 PINEHURST DRIVE SPRING HILL, FL 34606 US
FEI Number:	r: 59-3059542 FEI Number Applied For ( ) FE	El Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
	ORIS ESIDE LANE RT RICHEY, FL 34655 US	FOURNIER, CLAIRE 6290 PINEHURST DRIVE SPRING HILL, FL 34606 US
	e named entity submits this statement for the purpo e of Florida.	ose of changing its registered office or registered agent, or bo
SIGNATU	RE: CLAIRE FOURNIER	01/09/2009
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	P () Delete HIONEDES, ANN 1147 KING ARTHUR COURT #216 DUNEDIN, FL 34698	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	T () Delete YOUNG, JAMES 29313 CADDYSHACK LN SAN ANTONIO, FL 33576	Title: T (X) Change ( ) Addition Name: FOURNIER, CLAIRE Address: 6290 PINEHURST DRIVE City-St-Zip: SPRING HILL, FL 34606
Title: Name: Address: City-St-Zip:	VC ( ) Delete PALMER, JOE 8530 BRAXTON DRIVE HUDSON, FL 34667	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete MARCHESE, VINCINT 12400 EAGLESWOOD DR APT A HUDSON, FL 34667	Title: D (X) Change ( ) Addition Name: HIONEDES, NICK Address: 1147 KING ARTHUR CT. #216 City-St-Zip: DUNEDIN, FL 34698
Title: Name: Address:	D ( ) Delete WALKER, LAWRENCE 12210 SILK OAK LANE	Title: ( ) Change ( ) Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE FOURNIER T 01/09/2009