**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:08

DOCUMENT # **N46270** **(7)**

1. Corporation Name
**ASSOCIATION OF FORMER PRISONERS OF WAR IN ROMANI A, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 3323<br>ORLANDO FL 32802 | P O BOX 3323<br>ORLANDO FL 32802 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1991
3a. Date of Last Report: 07/11/1994
4. FEI Number: 59-3090772 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX ☒ No | |

9. **Name and Address of Current Registered Agent**

MCCORMICK, JOHN M.
501 E CHURCH ST
ORLANDO FL 32801

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | P | 1.1 TITLE | President / D | X Change ☐ Addition |
| NAME | HUNTLEY, RUSSEL | 1.2 NAME | VIC YOUNG | |
| STREET ADDRESS | RT. 4, BOX 109 N/A | 1.3 STREET ADDRESS | 3003 W. Broadway Blvd., SP 35 | |
| CITY-ST-ZIP | JACKSONVILLE AR | 1.4 CITY-ST-ZIP | Tucson, AZ 85745 | |
| TITLE | V | 2.1 TITLE | Vice President / D | XX Change ☐ Addition |
| NAME | YOUNG, VIC | 2.2 NAME | GEORGE SHINHAM | |
| STREET ADDRESS | 3003 W. BROADWAY BLVD., SP. 35 | 2.3 STREET ADDRESS | 13810 Ceartoss Pike | |
| CITY-ST-ZIP | TUCSON AZ | 2.4 CITY-ST-ZIP | Hagerstown, ML 21740 | |
| TITLE | S | 3.1 TITLE | Secretary / D | X Change ☐ Addition |
| NAME | MCCORMICK, JOHN M. | 3.2 NAME | Harry Harris | |
| STREET ADDRESS | 501 E CHURCH ST | 3.3 STREET ADDRESS | H.C. 3, Box 263 | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | Bandera, TX 78003 | |
| TITLE | | 4.1 TITLE | Treasurer / D | ☐ Change XX Addition |
| NAME | | 4.2 NAME | JOHN M. McCORMICK | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 501 E. Church Street | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | Orlando, FL 32801 | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** _____ 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #