

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N46270** (7)

1. Corporation Name

ASSOCIATION OF FORMER PRISONERS OF WAR IN ROMANIA, INC.

Principal Place of Business

P O BOX 3323
ORLANDO FL 32802

Mailing Address

P O BOX 3323
ORLANDO FL 32802



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/03/1991

3a. Date of Last Report
04/03/1995

4. FEI Number

59-3090772

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

10. Name and Address of New Registered Agent

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 date of appointment

(NOTE: Registered Agent signature required when not stating)

DATE

42. OFFICERS AND DIRECTORS

TITLE

PD

YOUNG, VIC

☒ DELETE

STREET ADDRESS

3003 W. BROADWAY BLVD., SP 35

CITY - ST - ZIP

TUCSON AZ

TITLE

VPD

SHINHAM, GEORGE

☐ DELETE

STREET ADDRESS

13810 CEARTOSS PIKE

CITY - ST - ZIP

HAGERSTOWN MD

TITLE

SD

HARRIS, HARRY

☐ DELETE

STREET ADDRESS

H.C. 3, BOX 263

CITY - ST - ZIP

BADERA TX

TITLE

TD

MCCORMICK, JOHN M

☐ DELETE

STREET ADDRESS

501 E. CHURCH STREET

CITY - ST - ZIP

ORLANDO FL

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

STREET ADDRESS

CITY - ST - ZIP

13.

1.1 TITLE

President

☐ Change

☒ Addition

1.2 NAME

George Shinham

1.3 STREET ADDRESS

13810 Cearfoss Pike

1.4 CITY - ST - ZIP

Hagerstown, MD 21740

2.1 TITLE

Vice President

☐ Change

☒ Addition

2.2 NAME

Olin E. Schneider

2.3 STREET ADDRESS

487 W. Caroline Lane

2.4 CITY - ST - ZIP

Chandler, AZ 85224-3066

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 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)(k), 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:

John M. McCormick Treasurer
John M. McCormick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407)
4/26/96 843-5690

CR2E037 (12/95)