

FILE NOW: FILING FEE IS \$61.25

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Jun 17 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46270 (7)**

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

Principal Place of Business <b>P O BOX 3323 ORLANDO FL 32802</b>	Mailing Address <b>P O BOX 3323 ORLANDO FL 32802-3323</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/03/1991</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3090772</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
25 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCCORMICK, JOHN M.</b> <b>501 E CHURCH ST</b> <b>ORLANDO FL 32801</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 \_\_\_\_\_ (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		1.1 TITLE	President /Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHINHAM, GEORGE			1.2 NAME	Olin E. Schneider		
STREET ADDRESS	13810 CEARFOSS PIKE			1.3 STREET ADDRESS	487 W. Caroline Lane		
CITY-ST-ZIP	HAGERSTOWN MD			1.4 CITY-ST-ZIP	Chandler, AZ 05224		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	Vice President/Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHINHAM, GEORGE			2.2 NAME	Wilmer Wallick		
STREET ADDRESS	13810 CEARTOSS PIKE			2.3 STREET ADDRESS	4713 Richmar Court		
CITY-ST-ZIP	HAGERSTOWN MD			2.4 CITY-ST-ZIP	Nashville, TN 37211		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRIS, HARRY			3.2 NAME			
STREET ADDRESS	H.C. 3, BOX 263			3.3 STREET ADDRESS			
CITY-ST-ZIP	BADERA TX			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCORMICK, JOHN M			4.2 NAME			
STREET ADDRESS	501 E. CHURCH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHNEIDER, OLIN E.			5.2 NAME			
STREET ADDRESS	487 W CAROLINE LANE			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHANDLER AZ			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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 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 \_\_\_\_\_ DATE 5/22/97

CR2E037 (9/96)