

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

Mailing Address

P O BOX 3323
ORLANDO FL 32802

P O BOX 3323
ORLANDO FL 32802



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/03/1991

4. FEI Number

59-3090772

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

**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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **SCHNEIDER, OLIN E.**
STREET ADDRESS **487 W. CAROLINE LANE**
CITY-ST-ZIP **CHANDLER AZ**

TITLE **VPD** ☒ DELETE
NAME **WALLICK, WILMER**
STREET ADDRESS **4713 RICHMAR CT.**
CITY-ST-ZIP **NASHVILLE TN**

TITLE **SD** ☐ DELETE
NAME **HARRIS, HARRY**
STREET ADDRESS **H.C. 3, BOX 203**
CITY-ST-ZIP **BADERA TX**

TITLE **TD** ☐ DELETE
NAME **MCCORMICK, JOHN M**
STREET ADDRESS **501 E. CHURCH STREET**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **WALLICK, Wilmer**
1.3 STREET ADDRESS **4713 Richmar Court**
1.4 CITY-ST-ZIP **Nashville, TN**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **CLARK, William G.**
2.3 STREET ADDRESS **P.O. Box 657**
2.4 CITY-ST-ZIP **Midway, KY 40347** (N/A)

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 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:

John M. McCormick

John M. McCormick

1/19/98

407/843-5690

CR2E037 (10/97)