

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90086 049 \*\*\*\*61.25

**DOCUMENT # N46270**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3090772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WARE, JAMES	
STREET ADDRESS	1184 SPRUCE STREET	
CITY-ST-ZIP	BERKELEY CA 94704	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, HARRY B	
STREET ADDRESS	493 DEER VALLEY	
CITY-ST-ZIP	BANDERA TX 78003	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCORMICK, JOHN M	
STREET ADDRESS	501 E. CHURCH STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LAMB, HARRY	
STREET ADDRESS	812 NORTH WEST STREET	
CITY-ST-ZIP	FALLS CHURCH VA 22046	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY LAMB	
STREET ADDRESS	812 NORTH WEST ST.	
CITY-ST-ZIP	FALLS SHURCH, VA 22046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD JOE PRATER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4802 SOUTH NOGALES ST.	
STREET ADDRESS	TULSA, OK 74107	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*John M. McCormick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-04 (407) 843-5692