
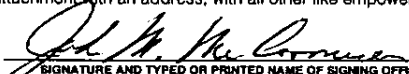


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90437 031 ****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		4. FEI Number 59-3090772	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMB, HARRY		NAME		
STREET ADDRESS	812 NORTH W ST.		STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH, VA 22046		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, HARRY B		NAME		
STREET ADDRESS	493 DEER VALLEY		STREET ADDRESS		
CITY-ST-ZIP	BANDERA, TX 78003		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, JOHN M		NAME		
STREET ADDRESS	501 E. CHURCH STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATER, JOE		NAME		
STREET ADDRESS	4802 S NOGALES ST.		STREET ADDRESS		
CITY-ST-ZIP	TULSA, OK 74107		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNK, GLENFRED		NAME	FUNK, GLENFRED	
STREET ADDRESS	9150 E. CENTER AVE. APT 9B		STREET ADDRESS	9150 E. CENTER AVE. APT 9B	
CITY-ST-ZIP	DENVER, CO 80231		CITY-ST-ZIP	DENVER, CO 80231	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			Date: 4-29-05		Daytime Phone #: 407-843-5690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #