

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 033 ****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

1st MOORE

CR2E037 (10/05)

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 **SD** ☐ Delete
NAME **HARRIS, HARRY B**
STREET ADDRESS **493 DEER VALLEY**
CITY-ST-ZIP **BANDERA TX 78003**

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

TITLE **PD** ☒ Delete
NAME **PRATER, JOE**
STREET ADDRESS **4802 S NOGALES ST.**
CITY-ST-ZIP **TULSA OK 74107**

TITLE **VD** ☒ Delete
NAME **FUNK, GLENFRED**
STREET ADDRESS **9150 E CENTER AVE, APT 9B**
CITY-ST-ZIP **DENVER CO 80231**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Glenfred Funk PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **9150 E. Center Ave. Apt. 9B**
CITY-ST-ZIP **Denver, Colorado 80231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

1-24-06 (407) 843-5160