## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N46270

FILED Apr 09, 2008 Secretary of State

Entity Name: ASSOCIATION OF FORMER PRISONERS OF WAR IN ROMANIA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

P O BOX 3323 501 EAST CHURCH STREET

ORLANDO, FL 32802 ORLANDO, FL 32801

**Current Mailing Address: New Mailing Address:** 

501 EAST CHURCH STREET P O BOX 3323

ORLANDO, FL 32802 ORLANDO, FL 32801

FEI Number: 59-3090772 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition HARRIS, HARRY B WALLICK, MARY Name: Name:

493 DEER VALLEY Address: THE ACREAGE, 6769 AUTUMN OAKS DR. Address:

City-St-Zip: BANDERA, TX 78003 City-St-Zip: BRENTWOOD, TN 37027

Title: () Delete Title: (X) Change ( ) Addition

Name: MCCORMICK, JOHN M Name: MCCORMICK, JOHN M Address: 501 E. CHURCH STREET Address: 501 E. CHURCH STREET ORLANDO, FL City-St-Zip: ORLANDO, FL 32801

City-St-Zip:

Title: () Delete Title: PD (X) Change ( ) Addition MORRELL, DOUGLAS W Name: YOUNG, VICTOR Name:

3003 WEST BROADWAY #35 Address: 7053 LA PARK Address:

City-St-Zip: HIGHLAND, CA 923463306 City-St-Zip: TUCSON, AZ 85745

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. MCCORMICK TD 04/09/2008