

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90432 029 \*\*\*\*61.25

**DOCUMENT # N46270**

1. Entity Name  
**ASSOCIATION OF FORMER PRISONERS OF WAR IN ROMANI  
A, 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

☐ CHECK HERE IF MAKING CHANGES

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

*John M. McCormick*

**01-08-03**

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME **BRIGGS, JOHN** ☒ Delete  
STREET ADDRESS **13105 HANABERRY LANE ROAD**  
CITY-ST-ZIP **STUTTGART AR 72160**

TITLE PD  
NAME **WARE, JAMES** ☒ Change ☐ Addition  
STREET ADDRESS **1184 SPRUCE STREET**  
CITY-ST-ZIP **BERKELEY, CA 94707**

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

TITLE VPD  
NAME **LAMB, HARRY** ☐ Change ☒ Addition  
STREET ADDRESS **812 North West Street**  
CITY-ST-ZIP **Falls Church, VA 22046**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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*

**03/08/03**

**(407) 843-5690**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/02)