


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 18, 2005 8:00 am**  
**Secretary of State**

08-18-2005 90001 025 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000000187	
<b>1. Entity Name</b> THE KOREAN WAR VETERANS ASSOCIATION, INC. NATURE COAST CHAPTER #174 OF HERNANDO COUNTY,	

<b>Principal Place of Business</b> 15166 SPRING HILL DRIVE SPRING HILL FL 34609	<b>Mailing Address</b> 15166 SPRING HILL DRIVE SPRING HILL FL 34609
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	11620 BELLTOWER ST Suite, Apt. #, etc.
City & State	SPRING HILL City & State FLORIDA
Zip	Country
34608	HERNANDO

2nd MOORE CR2E037 (5/05)

<b>4. FEI Number</b> 59-3619087	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>	
SCHNEIDER, LOUIS F 7451 HIDDEN HILLS DRIVE SPRING HILL FL 34606	
<b>7. Name and Address of New Registered Agent</b>	
Name JOSEPH C. SEYFRIED	
Street Address (P.O. Box Number is Not Acceptable) 11020 BELLTOWER STREET	
City SPRING HILL	FL Zip Code 34608

**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 JOSEPH C. SEYFRIED TREAS. Joseph C. Seyfried Aug. 8, 2005  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. 1V OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																								
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**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:** JOSEPH C. SEYFRIED Joseph C. Seyfried 8-5-05 352-688-1388  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #