


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000187 Entity Name THE KOREAN WAR VETERANS ASSOCIATION, INC. NATURE COAST CHAPTER #174 OF HERNANDO COUNTY, FLORIDA.	
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Principal Place of Business 15166 SPRING HILL DRIVE SPRING HILL, FL 34609	Mailing Address 11020 BELLTOWER ST SPRING HILL, FL 34608
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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3619087	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SEYFRIED, JOSEPH C 11020 BELLTOWER STREET SPRING HILL, FL 34608 THE NAT CO

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IN THIS SPACE**

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 reinstating)	U000000581599 01/10/07-80094-007 61.25
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Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V WEST, ROGER 18624 DEASON DR. SPRING HILL, FL 34610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACKERMAN, STEVE 4266 CRAIGBOUROUGH AVE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEYFRIED, JOSEPH C 11020 BELLTOWER STREET SPRING HILL, FL 346082009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARKEY, ROBERT 509 EDGEHILL AVENUE SPRING HILL, FL 34606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELLINGER, RICH 10458 UPTOWN ST. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EAKLEY, MEL 13804 SUN RD. BROOKSVILLE, FL 34613

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joseph Seyfried</i> JOSEPH C. SEYFRIED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-8-07 Date	352-688-1388 Daytime Phone #
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