

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

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90014 050 ****70.00

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1. Entity Name

**BALDOMERO LOPEZ CHAPTER 175 KOREAN WAR
VETERANS ASS'N OF TAMPA, INC.**



Principal Place of Business

**819 SIDNEY WASHER ROAD
DOVER FL 33527**

Mailing Address

**819 SIDNEY WASHER ROAD
DOVER FL 33527**

40041601



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0850255

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

**HAYES, SAMUEL
7209 NORTH RICHARDS AVE
TAMPA FL 33614**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 ☒ Delete
NAME ~~MASON, FRED~~
STREET ADDRESS ~~6913 NORTH LAKE DRIVE~~
CITY-ST-ZIP ~~ZEPHYRHILLS FL 33542~~

TITLE PD ☐ Change ☒ Addition
NAME Ford, Murdoch
STREET ADDRESS 4842 Hub St
CITY-ST-ZIP Zephyrhills FL 33542

TITLE VPD ☐ Delete
NAME GOSSETT, FRED
STREET ADDRESS 14804 15TH ST.
CITY-ST-ZIP LUTZ FL 33549

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

TITLE SD ☐ Delete
NAME CLIFTON, CLARENCE
STREET ADDRESS 819 SIDNEY WASHER RD.
CITY-ST-ZIP DOVER FL 33527

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

TITLE TD ☐ Delete
NAME HAYES, SAMUEL C
STREET ADDRESS 7209 NORTH RICHARDS AVE.
CITY-ST-ZIP TAMPA FL 33614

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

TITLE VPD ☒ Delete
NAME ~~FORD, MURDOCH~~
STREET ADDRESS ~~4842 HUB ST.~~
CITY-ST-ZIP ~~ZEPHYRHILLS FL 33542~~

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

TITLE ☐ Delete
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 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.

Samuel C. Hayes, Treasurer

SIGNATURE: *Samuel C. Hayes*

Feb. 16, 2005

(813) 886-4038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #