

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

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DOCUMENT # N02000000810

1. Entity Name

BALDOMERO LOPEZ CHAPTER 175, KOREAN
WAR VETERANS ASSN OF TAMPA, INC.



FILED

08 APR 23 AM 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

819 Sydney Washer Road

3. Mailing Address

1010 AmericanEagleBlvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

526

City & State

Dover, Florida

City & State

Sun City Center, FL

4. FEI Number

55-0850255

Applied For

Not Applicable

Zip
33527

Country

Zip
33573-5273

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Henry J. Binder (New Registered Agent)

Street Address (P.O. Box Number is Not Acceptable)

1010 American Eagle Blvd

Apt 526

City

Sun City Center

FL

Zip Code
33527

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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 reissuing)

500123565365

04/15/08 01032 008 ***70.00

FEE IS \$61.25
Initial or Amended AR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gossett, Fred 14804 15th St Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Sarver, Bill Sr 1344 Edgewater Court Lutz, FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pica, Fred 16608 Brigadoon Drive Tampa, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Clifton, Clarence 819 Sydney Washer Road Dover, FL 33527
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ford, Murdoch 4843 5th St. Zephyrhills, FL 33542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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PC 4/25

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 on an attachment with an address, with all other like empowered.

Secy/Treas. Clarence Clifton

SIGNATURE: *Clarence Clifton*

April 5, 2008 813 754-6556