

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000810

FILED
Mar 18, 2009
Secretary of State

Entity Name: BALDOMERO LOPEZ CHAPTER 175 KOREAN WAR VETERANS ASS'N OF TAMPA, INC.

Current Principal Place of Business:

819 SIDNEY WASHER ROAD
DOVER, FL 33527

New Principal Place of Business:

819 SYDNEY WASHER ROAD
DOVER, FL 33527

Current Mailing Address:

1010 AMERICAN EAGLE BLVD
526
SUN CITY CENTER, FL 335735273 US

New Mailing Address:

FEI Number: 55-0850255 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BINDER, HENRY J
1010 AMERICAN EAGLE BLVD
APT. 526
SUN CITY CENTER, FL 33527 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOSSETT, FRED
Address: 14804 15TH ST
City-St-Zip: LUTZ, FL 33549

Title: VPD () Delete
Name: SARVER, BILL SR
Address: 1344 EDGEWATER COURT
City-St-Zip: LUTZ, FL 33549

Title: STD () Delete
Name: CLIFTON, CLARENCE
Address: 819 SIDNEY WASHER RD.
City-St-Zip: DOVER, FL 33527

Title: VPD () Delete
Name: PICA, FRED
Address: 16608 BRIGADOON DRIVE
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: FORD, MURDOCH
Address: 4843 5TH STREET
City-St-Zip: ZEPHYRHILLS, FL 33542

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: CLIFTON, CLARENCE
Address: 819 SYDNEY WASHER RD.
City-St-Zip: DOVER, FL 33527

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARENCE CLIFTON

SECR

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date