


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90029 030 ****61.25

DOCUMENT # N03000002083	
1. Entity Name BREVARD COUNTY KOREAN WAR VETERANS ASSOCIATION CHAPTER 210, INC.	

Principal Place of Business 400 S SYKES CREEK PKWY METTITT ISLAND, FL 32952-3547	Mailing Address 400 S SYKES CREEK PKWY METTITT ISLAND, FL 32952-3547
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40004271



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01172005 Chg-NP CR2E037 (10/03)

4. FEI Number APPLIED FOR 65-1054294	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FARAGO, JULIUS Z 5803 N BANANA RIVER BLVD #1053 CAPE CANAVERAL, FL 32920		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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAGO, JULIUS Z	NAME	
STREET ADDRESS	5803 N BANANA RIVER BLVD #1053	STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENINATE, NICK	NAME	SPESCIA, PAUL
STREET ADDRESS	1740 YATES DR	STREET ADDRESS	1720 FAIRWAY LN
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	CITY-ST-ZIP	ROCKLEDGE, FL 32955
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAS, WILLIAM	NAME	BENINATE, NICK
STREET ADDRESS	122 NORMANDY PL	STREET ADDRESS	3190 N. ATLANTIC AVE #114
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFELD, GEORGE	NAME	
STREET ADDRESS	1289 BONAVENTURE DR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTER, GRACE	NAME	FARAGO, JOLENE D.
STREET ADDRESS	200 S SYKES CREEK PKWY #A410	STREET ADDRESS	5803 N. BANANA RIVER BLVD #1053
CITY-ST-ZIP	METTITT ISLAND, FL 32952	CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Julius Z. Farago* **JULIUS Z. FARAGO** **JAN 19, 05 321-784-1592**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #