

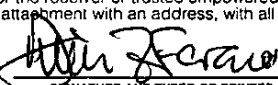


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90051 028 ****70.00

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	
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 65-1054294	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <i>I'm NOT AN AGENT</i>			Name FARAGO JULIUS Z (P) Street Address (P.O. Box Number is Not Acceptable) 4049 JUDITH AVE MERRITT ISLAND, FL 32953 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE JAN 20, 06		
Filing Fee is \$61.25 Due by May 1, 2006		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					
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENINATE, NICK		NAME	SPESCIA PAUL	
STREET ADDRESS	3190 NORTH ATLANTIC AVENUE #114		STREET ADDRESS	1720 FAIRWAY LN	
CITY-ST-ZIP	COCOA BEACH, FL 32931		CITY-ST-ZIP	ROCKLEDGE, FL 32955	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPESCIA, PAUL		NAME	BENINATE NICK	
STREET ADDRESS	1720 FAIRWAY LANE		STREET ADDRESS	3190 N. ATLANTIC AVE #114	
CITY-ST-ZIP	ROCKLEDGE, FL 32955		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARAGO, JOLENE D		NAME		
STREET ADDRESS	5803 NORTH BANANA RIVER BLVD #1053		STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920		CITY-ST-ZIP		
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 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  JULIUS Z. FARAGO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date JAN 20, 06 Daytime Phone # 321 449-4089		

ATTACHMENT
60008587
Division of Corporations

Annual Report

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Document Number	N03000002083
Business Entity Name	BREVARD COUNTY KOREAN WAR VETERANS ASSOCIATION CHAPTER 210, INC.
FEI Number	651054294
FEI Number Status	
Certificate of Status Desired	Yes
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	400 S SYKES CREEK PKWY
Suite, Apt. #, etc.	
City, State	MERRITT ISLAND, FL
Zip Code & Country	329523547

Mailing Address

Address	400 S SYKES CREEK PKWY
Suite, Apt. #, etc.	
City, State	MERRITT ISLAND, FL
Zip Code & Country	329523547

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	FARAGO, JULIUS, Z, P
Address	4089 JUDITH AVE
Suite, Apt. #, etc.	
City, State	MERRITT ISLAND, FL
Zip Code & Country	32953 US
Registered Agent Signature	NOT REQUIRED

Officer/Director Name and Address

Title	P
Name (Last, First, Middle, Title)	FARAGO, JULIUS, Z, P
Street Address	4089 JUDITH AVE
City, State	MERRITT ISLAND, FL
Zip Code & Country	32953

Title V -1
Name (Last, First, Middle, Title) SPESCIA, PAUL , V -1
Street Address 1720 FAIRWAY LANE
City, State ROCKLEDGE, FL
Zip Code & Country 32955

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#NO3000002083

Title V -2
Name (Last, First, Middle, Title) BENINATE, NICK , V
Street Address 3190 N. ATLANTIC AVE # 114
City, State COCOA BEACH, FL
Zip Code & Country 32931

Title S
Name (Last, First, Middle, Title) ROSENFELD, GEORGE , S
Street Address 1289 BONAVENTURE DR
City, State MELBOURNE, FL
Zip Code & Country 32940

Title T
Name (Last, First, Middle, Title) FARAGO, JOLENE , D, T
Street Address 4089 JUDITH AVE
City, State MERRITT ISLAND, FL
Zip Code & Country 32953

Title P
Officer/Director Signature JULIUS Z FARAGO 

Continue

Start Over