


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90211 021 ****70.00

DOCUMENT # N04000006327					
1. Entity Name MID FLORIDA KOREAN WAR VETERANS ASSOCIATION, INC.					
Principal Place of Business 1000 WINDERLEY PLACE SUITE 240 MAITLAND, FL 32751-4118 US			Mailing Address 1000 WINDERLY PLACE SUITE 240 MAITLAND, FL 32751-4118 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1472677	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, WILLIAM C 1000 WINDERLY PLACE SUITE 240 MAITLAND, FL 32751-4118			7. Name and Address of New Registered Agent 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 <u>William C. Russell</u> 4/19/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$81.25 Due by May 1, 2007		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 NAME ROBERTS, MARIAN STREET ADDRESS 2354 FLAMINGO WAY CITY-ST-ZIP WINTER PARK, FL 327921619	<input checked="" type="checkbox"/> Delete		TITLE P NAME ROBERTS, THOMAS STREET ADDRESS 2354 FLAMINGO WAY CITY-ST-ZIP WINTER PARK, FL 327921619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME JOHNSON, ROBERT D STREET ADDRESS 504 DEW DROP COVE CITY-ST-ZIP CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete		TITLE V NAME TRAVERS, CHARLES STREET ADDRESS 333 LOS ALTOS WAY APT 104 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 327143269	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME RUSSELL, WILLIAM C STREET ADDRESS 1000 WINDERLY PLACE SUITE 240 CITY-ST-ZIP MAITLAND, FL 327514118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>William C. Russell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/07 (407) 260-1340 Date Daytime Phone #		