

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90092 044 \*\*\*\*61.25

**DOCUMENT # N07000010775**

1. Entity Name  
**KOREAN WAR VETERANS ASSOCIATION, SOUTH LAKE  
COUNTY, CHAPTER #188, INC.**



Principal Place of Business  
**49 MILL ST  
GROVELAND, FL 34736**

Mailing Address  
**PO BOX 121708  
CLERMONT, FL 34712**

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

04102008

Chg-NP

CR2E037 (12/06)

4. FEI Number

**59 3698301**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MADLINE, JOE  
11348 MONTE VISTA RD  
CLERMONT, FL 34711**

Name

**CARLETON HOGUE**

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

**275 JACKSON PARK AVE**

City

**DAVENPORT**

FL

Zip Code

**33897**

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

**CARLETON HOGUE**

*Carleton Hogue*

**4/16/08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when replacing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **P** ☒ Delete  
NAME **HOGUE, CARLETON**  
STREET ADDRESS **275 JACKSON PARK AVE**  
CITY-ST-ZIP **DAVENPORT, FL 33897**

TITLE **1VP** ☒ Delete  
NAME **COHEN, SAM**  
STREET ADDRESS **3680 DUNE WAY**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **2VP** ☒ Delete  
NAME **PARKER, MAXINE**  
STREET ADDRESS **3515 MOUNT HOPE LOOP**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **3VP** ☒ Delete  
NAME **VOORHEES, DONALD**  
STREET ADDRESS **1904 BRANTLEY CIRCLE**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **CHARLES FIRST**  
STREET ADDRESS **5439 DENISE AVE**  
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **1VP** ☒ Change ☐ Addition  
NAME **MAXINE PARKER**  
STREET ADDRESS **3515 MOUNT HOPE LOOP**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **2VP** ☒ Change ☐ Addition  
NAME **ALTON MORE HOUSE**  
STREET ADDRESS **243 OVERLOOK DR**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE **3VP** ☒ Change ☐ Addition  
NAME **HERSCHEL BAGBY**  
STREET ADDRESS **2927 ASPEN PEAK CT**  
CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Charles V. First*

**CHARLES V. FIRST**

Date

Daytime Phone