2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010775

Jan 13, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

49 MILL ST

GROVELAND, FL 34736

Current Mailing Address: New Mailing Address:

PO BOX 121708 CLERMONT, FL 34712

FEI Number: 59-3698301 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLUE, CARLETON HOGUE, CARLETON J
275 JACKSON PARK AVE
DAVENPORT, FL 33897 US
HOGUE, CARLETON J
275 JACKSON PARK AVE
DAVENPORT, FL 33897 US

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: CARLETON J HOGUE 01/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: FIRST, CHARLES Name: PARKER, MAXINE

Address: 5439 DENISE AVE Address: 3515 MOUNT HOPE LOOP
City-St-Zip: ORLANDO, FL 32810 City-St-Zip: LEESBURG, FL 34748

Title: 1VP () Delete Title: 1VP (X) Change () Addition Name: PARKER, MAXINE Name: MOREHOUSE, ALTON

Address: 3515 MOUNT HOPE LOOP Address: 243 OVERLOOK DR
City-St-Zip: LEESBURG, FL 34748 City-St-Zip: CLERMONT, FL 34711

Title: 2VP () Delete Title: 2VP (X) Change () Addition

Name: MOREHOUSE, ALTON Name: LITZ, DAVE

 Address:
 243 OVERLOOK DR
 Address:
 6550 GREEN GROVE BLVD

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34714

Title: 3VP () Delete Title: () Change () Addition

 Name:
 HERSCHEL, BAGBY
 Name:

 Address:
 2927 ASPEN PEAK CT
 Address:

 City-St-Zip:
 CLERMONT, FL 34711
 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: CARLETON J HOGUE RA 01/13/2009