| 20 | 08 NOT-FOR-PR ANNUAL | Jul | FILED Jul 16, 2008 8:00 am Secretary of State | | | | |
|---|---|---|---|--|---------------------------------------|--------------------------------|--|
| DOCUMENT # N07000011214 | | | | | -16-2008 90011 0 | | |
| 1. Entity Name FLORIDA STATE TAEKWONDO ASSOCIATION, INC. | | | | | -10-2008 20011 0 | | .25 |
| | e of Business F TO LAKE DR. FL 34453-3216 | Mailing Address 2637 E. GULF TO LAKE DR. INVERNESS, FL 34453-3216 | | | - Ish okir onin oshi olim kom | | |
| 2. Principal P | ace of Business - No P.O. Box # | 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07142008 Ch | ng-NP CR2E | 037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 42 - 1744 | 1/982 | | plied For |
| Zip | Country | Zip | Country | 5. Certificate of Sta | | \$8.75 Add Fee Required | litional |
| · · · · · · | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ress of New Registered | | a |
| BURNS, ROBERT A. | | | NameG | NameGodbold, JEFF Street Address (P.O. Box Number is Not Acceptable) | | | |
| | /OODSIDE DR. RIVER, FL 34429 | | Street Ad | | Vot Acceptable) | | |
| | | | City | | · · · · · · · · · · · · · · · · · · · | Zin Cod | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or regis | | | | + Hyers, Fi | | | 67 |
| the obligat | for the for | JEFF Good and title if applicable. (NOT | 16012/T | REASURER e required when reinstating) | 7/14 DATE | 4/08 | |
| Filing Fee is \$61.25 9. Election Campaign Financing Due by September 12, 2008 Trust Fund Contribution. | | | | , | Florida Depa | ck payable to artment of St | tate |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI P PARK, IL Y. 2637 E. GULF TO LAKE DR. INVERNESS, FL 344533216 | RECTORS | 11. TITLE NAME STREET ADORESS CITY-ST-ZIP | ADDITIONS/CHANG | ES TO OFFICERS AND E | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CHOI, BYUNG S. 2637 E. GULF TO LAKE DR. INVERNESS, FL 344533216 | Detete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HWANG, JIN H. 2637 E. GULF TO LAKE DR. INVERNESS, FL 344533216 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WHITE, DENNIS 2637 E. GULF TO LAKE DR. INVERNESS, FL 344533216 | 🗋 Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <u></u> | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MORENO, JUAN M. 2637 E. GULF TO LAKE DR. INVERNESS, FL 344533216 | Delete | TITLE NAME Street Address City-st-zip | | | []] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BURNS, ROBERT A. 5786 W. WOODSIDE DR. CRYSTAL RIVER, FL 34429 | 🔀 Delete | NAME Street address City-st-zip | TREASURER Godbold, Jeff 7651 Laurel Vall Fort Myers, F | 1 33967 | Change | Addition |
| 12. I hereby indicated of the co changed | certify that the information supplied wit on this report or supplemental report poration or the receiver of trustee entry or on an attachment with an address, URE: | h this filing good not qualify for is true and accurate and that being of execute this report with all other like empowered JCFF Protition name of signing officer | as required by Char Godbold | ntained in Chapter 119, Floi ave the same legal effect as oter 617, Florida Statutes; ar | nd that my name appear | s in Block 10 o | nformation r or director or Block 11 if 9 - 3.007 |