

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011214

FILED
Jun 27, 2009
Secretary of State

Entity Name: FLORIDA STATE TAEKWONDO ASSOCIATION, INC.

Current Principal Place of Business:

2637 E. GULF TO LAKE DR.
INVERNESS, FL 344533216

New Principal Place of Business:

7651 LAUREL VALLEY RD
FORT MYERS, FL 33967

Current Mailing Address:

2637 E. GULF TO LAKE DR.
INVERNESS, FL 344533216

New Mailing Address:

7651 LAUREL VALLEY RD
FORT MYERS, FL 33967

FEI Number: 42-1744698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GODBOLD, JEFF
7651 LAUREL WAY
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARK, IL Y.
Address: 2637 E. GULF TO LAKE DR.
City-St-Zip: INVERNESS, FL 344533216

Title: V () Delete
Name: CHOI, BYUNG S.
Address: 2637 E. GULF TO LAKE DR.
City-St-Zip: INVERNESS, FL 344533216

Title: V () Delete
Name: HWANG, JIN H.
Address: 2637 E. GULF TO LAKE DR.
City-St-Zip: INVERNESS, FL 344533216

Title: V () Delete
Name: WHITE, DENNIS
Address: 2637 E. GULF TO LAKE DR.
City-St-Zip: INVERNESS, FL 344533216

Title: V () Delete
Name: MORENO, JUAN M.
Address: 2637 E. GULF TO LAKE DR.
City-St-Zip: INVERNESS, FL 344533216

Title: T () Delete
Name: GODBOLD, JEFF
Address: 7651 LAUREL VALLEY
City-St-Zip: FORT MYERS, FL 33967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FERKILE, WILLIAM
Address: 7651 LAUREL VALLEY RD
City-St-Zip: FORT MYERS, FL 33967

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JEFF GODBOLD

T

06/27/2009

Electronic Signature of Signing Officer or Director

Date