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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004300 (6)**
1. Corporation Name
KOREAN WAR VETERANS ASSO., INC. SUNCOAST CHAPTER



Principal Place of Business C/O V.F.W. POST 4364 5773 62ND STREET NORTH ST. PETERSBURG FL 33709	Mailing Address C/O V.F.W. POST 4364 5773 62ND STREET NORTH ST. PETERSBURG FL 33709
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/25/1997	4. FEI Number 59-319-3728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**ARCAND, JOAN M
5773 62ND AVENUE NO
ST. PETERSBURG FL 33709**

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joan M. Arcand Joan M. Arcand 1-12-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P. President	<input type="checkbox"/> DELETE
NAME CLARENCE DADSWELL	
STREET ADDRESS 4510 3RD ST. No.	
CITY-ST-ZIP ST PETERSBURG FL 33703	
TITLE V. 1st Vice President	<input type="checkbox"/> DELETE
NAME HERBERT L. GILBERT	
STREET ADDRESS 3700 51ST ST. No.	
CITY-ST-ZIP ST PETERSBURG FL 33710	
TITLE V. 2nd Vice President	<input type="checkbox"/> DELETE
NAME KENNETH MILHAISEN	
STREET ADDRESS 340 HAMMOCK DR.	
CITY-ST-ZIP PALM HARBOR, FL 34683	
TITLE T. Treasurer	<input type="checkbox"/> DELETE
NAME EDW. HUNTER	
STREET ADDRESS 6112 29th AVE. No.	
CITY-ST-ZIP ST PETERSBURG FL 33710	
TITLE S. JACK DANLEY	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS 10005 BAY PINES BLVD #116	
CITY-ST-ZIP ST PETERSBURG FL 33708	
TITLE D. DIRECTOR	<input type="checkbox"/> DELETE
NAME RICHARD E. ARCAND	
STREET ADDRESS 5674 BAY PINES LAKE BLVD	
CITY-ST-ZIP ST PETERSBURG FL 33708	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CHARLES DAWSON	
1.3 STREET ADDRESS 7503 119 AVE No	
1.4 CITY-ST-ZIP LARGO, FLA. 33773	
2.1 TITLE D. DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GRAHAM COCKFIELD	
2.3 STREET ADDRESS 2449 16th ST. No	
2.4 CITY-ST-ZIP ST PETERSBURG FL 33704	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joan M. Arcand 1-12-98 813-392-5648

CR2E037 (10/97)