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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004300

1. Corporation Name

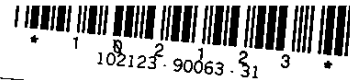
KOREAN WAR VETERANS ASSO., INC. SUNCOAST CHAPTER

Principal Place of Business

C/O V.F.W. POST 4364
5773 62ND STREET NORTH
ST. PETERSBURG FL 33709

Mailing Address

P.O. BOX 382
BAY PINES FL 33744



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/25/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3193728	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent

ARCAND, JOAN M
5674 BAY PINES LAKE BLVD.
ST. PETERSBURG FL 33708

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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*

(NOTE: Registered Agent signature required when reinstating)

01-11-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	1st Vice President
NAME	DAWSON, CHARLES	1.2 NAME	JOAN M. ARCAND
STREET ADDRESS	7503 119TH AVE. N	1.3 STREET ADDRESS	5674 BAY PINES LAKE BLVD
CITY-ST-ZIP	LARGO FL 33773	1.4 CITY-ST-ZIP	St. Petersburg, FL 33708
TITLE	D	2.1 TITLE	
NAME	COCKFIELD, GRAHAM	2.2 NAME	
STREET ADDRESS	2449 16TH ST. NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	TREASURER
NAME	ARCAND, RICHARD E	3.2 NAME	
STREET ADDRESS	5674 BAY PINES LAKE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Secretary
NAME	HUNTER, EDWARD	4.2 NAME	Wm. Miller
STREET ADDRESS	6112 29TH AVE. N	4.3 STREET ADDRESS	10711 GRANCES LANE
CITY-ST-ZIP	ST. PETERSBURG FL 33710	4.4 CITY-ST-ZIP	LARGO FL 33774
TITLE	VP	5.1 TITLE	
NAME	MILHEISER, KENNETH	5.2 NAME	
STREET ADDRESS	340 HAMMOCK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	
NAME	DADSWELL, CLARENCE	6.2 NAME	
STREET ADDRESS	4810 3RD ST. N	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	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, with all other like empowered.

SIGNATURE: *Richard E. Arcand* SIGNATURE REQUIRED: *Richard E. Arcand*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

727-392-5648

Date

Daytime Phone #

CR2E037 (1/98)