

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90049 007 \*\*\*\*61.25

**DOCUMENT # N97000004300**

1. Entity 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**

400001010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3193728**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **SLATTON, JOE D**  
STREET ADDRESS **2696 56 WAY NORTH**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE ☐ Change ☒ Addition  
NAME **D. PLANT, CARL**  
STREET ADDRESS **142 COLONIAL BLVD**  
CITY-ST-ZIP **PALM HARBOR, FL 34684**

TITLE **D** ☐ Delete  
NAME **SHEEHAN, JOSEPH**  
STREET ADDRESS **16110 4TH STREET EAST**  
CITY-ST-ZIP **REDDINGTON BEACH, FL 33708**

TITLE ☐ Change ☒ Addition  
NAME **D. COLEMAN THOMAS**  
STREET ADDRESS **6945 80 AVE NO.**  
CITY-ST-ZIP **PINELLAS PK. FL 33781**

TITLE **T** ☒ Delete  
NAME **ARCAND, RICHARD E**  
STREET ADDRESS **5674 BAY PINES LAKE BLVD.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

TITLE ☒ Change ☐ Addition  
NAME **CRISP Adeline**  
STREET ADDRESS **5085 1ST ST. NE #135**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **SEC** ☒ Delete  
NAME **FEASTER, JOE**  
STREET ADDRESS **845 34TH AVE N.**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE ☒ Change ☐ Addition  
NAME **HAROLD MACKING**  
STREET ADDRESS **2531 5TH ST NO**  
CITY-ST-ZIP **ST PETERSBURG FL 33704**

TITLE **2VP** ☒ Delete  
NAME **JOHN, GRACIA**  
STREET ADDRESS **2259 COSTA RICAN DRIVE #45**  
CITY-ST-ZIP **CLEARWATER, FL 33763**

TITLE **2VP** ☒ Change ☐ Addition  
NAME **KUNZ ROBERT**  
STREET ADDRESS **10825 DELPRADA DR. EAST**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE **1VP** ☒ Delete  
NAME **ARCAND, JOAN M**  
STREET ADDRESS **5674 BAY PINES LAKE BLVD**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33708**

TITLE **1VP** ☒ Change ☐ Addition  
NAME **DADSWELL CLARENCE**  
STREET ADDRESS **4810 3RD ST NO.**  
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Joan M Arcand **1-20-07** **877-392-5648**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #