2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004300

FILED Apr 05, 2008 Secretary of State

Entity Name: KOREAN WAR VETERANS ASSO., INC. SUNCOAST CHAPTER

Current Principal Place of Business: New Principal Place of Business: C/O V.F.W. POST 4364 5773 62ND STREET NORTH ST. PETERSBURG, FL 33709 **New Mailing Address: Current Mailing Address:** P.O. BOX 382 BAY PINES, FL 33744 FEI Number: 59-3193728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ARCAND, JOAN M 5674 BAY PINES LAKE BLVD. US ST. PETERSBURG, FL 33708 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SLATTON, JOE D DADSWELL, CLARENCE Name: Name: 2696 56 WAY NORTH Address: 4810 3RD ST. N Address: City-St-Zip: ST. PETERSBURG, FL 33710 US City-St-Zip: ST. PETERSBURG, FL 33703 US Title: () Delete Title: () Change () Addition SHEEHAN, JOSEPH Name: Name: Address: 16110 4TH STREET EAST Address: City-St-Zip: REDDINGTON BEACH, FL 33708 US City-St-Zip: Title: () Delete Title: () Change () Addition CRISP, ADELINA Name: Name: Address: 5085 1ST ST. NE #135 Address: City-St-Zip: SAINT PETERSBURG, FL 33703 City-St-Zip: Title: SEC () Delete Title: () Change () Addition Name: MACKING, HAROLD Name: Address: 253 5TH STREET N. Address: City-St-Zip: ST. PETERSBURG, FL 33704 US City-St-Zip: Title: 1VP 2VP () Delete Title: (X) Change () Addition KUNZ, ROBERT Name: Name: STONE, ELMER E 10825 DELPRADA DR. E. Address: Address: 9324 45TH ST NO. PINELLAS PARK, FL 33782 US City-St-Zip: LARGO, FL 33774 US City-St-Zip: Title: () Delete Title: (X) Change () Addition DADSWELL, CLARENCE COLEMAN, THOMAS Name: Name: Address: 4810 3RD STREET N. Address: 6945 80TH AVE. NO.

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.

City-St-Zip:

SIGNATURE: JOAN M. ARCAND O 04/05/2008

SAINT PETERSBURG, FL 33703

City-St-Zip:

PINELLAS PARK, FL 33781