

DOCUMENT # 1197000000000

1. Entity Name

EDDIE LYON CHAPTER KOREAN WAR VETERANS ASSOCIATI

FILED
Apr 28, 2000 8:00 am
Secretary of State

01-21-2000 90081 001 ****61.25

Principal Place of Business

990 SW 111TH WAY
DAVIE FL 33324

Mailing Address

990 SW 111TH WAY
DAVIE FL 33324-4129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0646718

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CEDRO, TED M
990 SW 111TH WAY
DAVIE FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KRUUTT, LAWRENCE	
STREET ADDRESS	2130 SW. 93 WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEFKOWITZ, BOB	
STREET ADDRESS	1715 WHITEHAIL DR, #104	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRORAZNIK, FRANK	
STREET ADDRESS	4955 NW 199 ST, L-96	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CEDRO, TED	
STREET ADDRESS	990 SW 111TH WAY	
CITY-ST-ZIP	DAVIE FL 33324	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph D. FARRIOLO	
STREET ADDRESS	2510 N.E. 209TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33180	
TITLE	TED CEDRO, TRER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	990 SW 111TH WAY	
STREET ADDRESS	DAVIE FL 33324	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRES.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRY BEY	
STREET ADDRESS	5650 WOODLAND LN	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)