

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90072 042 ****61.25

DOCUMENT # N99000000051					
1. Entity Name KOREAN WAR VETERANS ASSOCIATION SUNSHINE STATE CHAPTER INC.					
Principal Place of Business 12840 SEMINOLE BLVD. LOT #7 LARGO, FL 33778			Mailing Address PO BOX 5298 LARGO, FL 33779-5298		
2. Principal Place of Business 1760 TURNER ST.		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CLEARWATER, FL.		City & State		4. FEI Number 59-3495055	
Zip 33756		Country USA		Country PINELLAS	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEMONS, ANTHONY P 2692 WALNUT DR. PALM HARBOR, FL 34683			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DV NAME CROLEY, ERNIE STREET ADDRESS 9925 WILMERTON RD., LOT #202 CITY-ST-ZIP LARGO, FL 33771	<input type="checkbox"/> Delete		TITLE DP NAME CROLEY, ERNIE STREET ADDRESS 9925 WILMERTON RD. LOT # 202 CITY-ST-ZIP LARGO, FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME BENNETT, GORDON STREET ADDRESS 12840 SEMINOLE BLVD., LOT #7 CITY-ST-ZIP LARGO, FL 33778	<input checked="" type="checkbox"/> Delete		TITLE DT NAME EDWARDS, JACK STREET ADDRESS 10346-12th AVE. NO. CITY-ST-ZIP LARGO, FL 33773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME DELOREY, GEORGE STREET ADDRESS 2197 SUNSET CT. CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Delete		TITLE D2V NAME DENNY, DONALD STREET ADDRESS 1243 WELLINGTON DR CITY-ST-ZIP CLEARWATER, FL 33764-7668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DS NAME LEMONS, ANTHONY P STREET ADDRESS 2692 WALNUT DR. CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PEEPLES, FRANCIS E STREET ADDRESS 8048 ROSE TR N CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE D2V NAME PEEPLES, FRANCIS E. STREET ADDRESS 8048 ROSE TR. N. CITY-ST-ZIP LARGO, FL 33774	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TUCCI, MICHAEL STREET ADDRESS 12400 PARK BLVD #104 CITY-ST-ZIP SEMINOLE, FL 337724544	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Anthony P. Lemons</i> ANTHONY P. LEMONS 1/27/05 727-736-1993 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					