

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90048 026 \*\*\*\*61.25

**DOCUMENT # N99000000051**

1. Entity Name  
**KOREAN WAR VETERANS ASSOCIATION SUNSHINE  
STATE CHAPTER INC.**



Principal Place of Business  
1760 TURNER ST  
CLEARWATER, FL 33756

Mailing Address  
PO BOX 5298  
LARGO, FL 33779-5298

400000



2. Principal Place of Business - No P.O. Box #  
**219 So. BETTY LANE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State  
**CLEARWATER FL**

City & State

4. FEI Number  
**59-3495055**

Applied For

Not Applicable

Zip  
**33756**

Country  
**USA**

Zip

Country

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

**LEMONS, ANTHONY P  
2692 WALNUT DR.  
PALM HARBOR, FL 34683**

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

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

(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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
CROLEY, ERNIE  
9925 ULMERTON RD LOT #202  
LARGO, FL 33771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CROLEY, ERNIE  
SAME AS IN 10 TITLE ONLY CHANGE ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
EDWARDS, JACK  
10346-127 AVE NORTH  
LARGO, FL 33773 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DENNY, DONALD  
1243 WELLINGTON DR  
CLEARWATER, FL 337647268 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIV  
DENNY, DONALD  
SAME AS 10 TITLE ONLY CHANGE ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
LEMONS, ANTHONY P  
2692 WALNUT DR.  
PALM HARBOR, FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
LEMONS, ANTHONY  
SAME AS IN 10 TITLE ONLY CHANGE ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D2V  
TUCCI, MICHAEL  
12400 PARK BLVD #104  
SEMINOLE, FL 337724544 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRANT RAWLERSON  
409 LOTUS PATH  
CLEARWATER, FL 33756 ☐ Change ☒ Addition

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 aliother like empowered.

SIGNATURE:

*Anthony P. Lemons*

ANTHONY P. LEMONS

1/9/07

727-736-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #