2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000051

FILED Jan 11, 2009 Secretary of State

Entity Name: KOREAN WAR VETERANS ASSOCIATION SUNSHINE STATE CHAPTER INC.

Current Principal Place of Business:			New Principal Place of Business:			
11433 PRI SEMINOLE	(BLVD E, FL 33772					
Current Mailing Address:			New Mailing Address:			
PO BOX 5: LARGO, F	298 L 337795298					
FEI Number:	: 59-3495055 FEI Number Applie	d For() FEI I	Number Not App	licable ()	Certificate of Status Desire	d ()
Name and	Address of Current Registered	l Agent:	Name and	Address of	f New Registered Agent:	
PALMER, 704 CITRL LARGO, F	JS CT					
	named entity submits this stateme of Florida.	ent for the purpos	e of changing i	ts registered	d office or registered agent,	or both,
SIGNATUF	RE:					
	Electronic Signature of Re	gistered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DP () Delete PALMER, PETER H 704 CITRUS CT LARGO, FL 33770		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Delete MICHAUD, LUCILL 12100 SEMINOLE BLVD LOT 132 LARGO, FL 33778		Title: Name: Address: City-St-Zip:	MICHAUD, L	NOLE BLVD LOT 132	
Title: Name: Address: City-St-Zip:	DD () Delete BENNETT, GORDON 12840 SEMINOLE BLVD LOT 7 LARGO, FL 33778		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	DST () Delete LEMONS, ANTHONY 2692 WALNUT DR. PALM HARBOR, FL 34683		Title: Name: Address: City-St-Zip:	MICHAUD, L	NOLE BLVD LOT 132	
Title: Name: Address: City-St-Zip:	D2V () Delete TUCCI, MICHAEL 12400 PARK BLVD #104 SEMINOLE, FL 337724544		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name: Address: City-St-Zip:	DD () Delete ROUTT, MELVIN 415 CASLER AVE CLEARWATER, FL 33755		Title: Name: Address: City-St-Zip:		()Change ()Addition	

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.

SIGNATURE: PETER H PALMER MR 01/11/2009