

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90026 018 \*\*\*\*61.25

<b>DOCUMENT # N99000001443</b>					
<b>1. Entity Name</b> KOREAN WAR VETERANS ASSOCIATION OF LAKE COUNTY, CHAPTER #169, INC.					
<b>Principal Place of Business</b> C/O WILLIAM TAYLOR 970 VINDALE RD TAVARES, FL 32788			<b>Mailing Address</b> C/O WILLIAM TAYLOR 970 VINDALE RD TAVARES, FL 32788		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112006 Chg-NP CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 59-3523950	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LUM, MARY 909 SANTA ANNA LANE LADY LAKE, FL 32159-8687			<b>7. Name and Address of New Registered Agent</b>		
			Name <u>WILLIAM F TAYLOR</u>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<u>970 VINDALE RD</u>		
			City <u>TAVARES</u> <u>FL</u> Zip Code <u>32778</u>		
<b>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.</b>					
SIGNATURE <u>WILLIAM F TAYLOR</u> <u>William F Taylor</u> (NOTE: Registered Agent signature required when reappointing) DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	1VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CHARLES		NAME	<del>WHITE, CHARLES</del>	
STREET ADDRESS	510 ST ANDREWS BLVD		STREET ADDRESS	701 SEWELL ST	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOHN, JOHN		NAME	CLEASON, MARTIN	
STREET ADDRESS	124 ROYAL PARK DR.		STREET ADDRESS	12172 96TH TERACE S.E.	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	BELLVIEW FL 34420	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUM, MARY		NAME	TAYLOR, WILLIAM	
STREET ADDRESS	909 SANTA ANNA LANE		STREET ADDRESS	970 VINDALE RD	
CITY-ST-ZIP	LADY LAKE, FL 32159-8687		CITY-ST-ZIP	TAVARES FL 32778	
TITLE	T	<input type="checkbox"/> Delete	TITLE	TAD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVURA, TOM		NAME	GAVURA, Tom	
STREET ADDRESS	1001 AMARILLO PLACE		STREET ADDRESS	1001 AMARILLO PLACE	
CITY-ST-ZIP	LADY LAKE, FL 32159		CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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 all other like empowered.</b>					
<b>SIGNATURE:</b> <u>William F Taylor</u> <u>WILLIAM F TAYLOR</u> 1/16/06 352746-3326					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					