

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001443

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** KOREAN WAR VETERANS ASSOCIATION OF LAKE COUNTY, CHAPTER #169, INC.

**Current Principal Place of Business:**

C/O 19147 PARK PLACE BLVD.  
EUSTIS, FL 32736

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 491428  
LEESBURG, FL 34849

**New Mailing Address:**

**FEI Number:** 59-3523950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

THIEL, THOMAS J PRES.  
C/O 19147 PARK PLACE BLVD.  
EUSTIS, FL 32736 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: THIEL, THOMAS J  
Address: P.O. BOX 491428  
City-St-Zip: LEESBURG, FL 34849

Title: VP  
Name: BROWN, DWIGHT  
Address: P.O. BOX 491428  
City-St-Zip: LEESBURG, FL 34849

Title: 2VP  
Name: REYNOLDS, JACK  
Address: P.O. BOX 491428  
City-St-Zip: LEESBURG, FL 34849

Title: TRS  
Name: GRUBER, JOSEPH  
Address: P.O. BOX 491428  
City-St-Zip: LEESBURG, FL 34849

Title: SEC  
Name: WHITE, CHARLES  
Address: P.O. BOX 491428  
City-St-Zip: LEESBURG, FL 34849

I hereby 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 all other like empowered.

SIGNATURE: THOMAS J. THIEL

PRES

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date