

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000006256

1. Entity Name
**KOREAN WAR VETERANS ASSOCIATION, OF CENTRAL
FLORIDA, CHAPTER #153, INC.**



Principal Place of Business
**811 ORANGEWOOD AVE
DELAND, FL 32724**

Mailing Address
**PO BOX 4
CASSADAGA, FL 32706-0004**

**FILED
Feb 20, 2004 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

02082004 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-3477874** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALZER, FRANK R
811 ORANGEWOOD AVE
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

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, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BALZER, BOB**
STREET ADDRESS **811 ORANGEWOOD AVE**
CITY- ST- ZIP **DELAND, FL 32724**

TITLE **1VP**
NAME **CARAFANO, CHARLES**
STREET ADDRESS **1885 VAN ALLEN DR**
CITY- ST- ZIP **DELTONA, FL 32738**

TITLE **2VP**
NAME **SMITH, DONALD**
STREET ADDRESS **1812 S HOUSTON DR**
CITY- ST- ZIP **DELTONA, FL 32738**

TITLE **S**
NAME **BRANDT, EDWARD**
STREET ADDRESS **1534 N NORWANDY BLVD**
CITY- ST- ZIP **DELTONA, FL 32725**

TITLE **T**
NAME **NICOLO, FRANK**
STREET ADDRESS **1689 S PAGE DR**
CITY- ST- ZIP **DELTONA, FL 32725**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

UD00000059544
02/23/04-80004-002 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: BOB BALZER Bob Balzer 2-11-04 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
822-9068