# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 18, 2005 8:00 am**
**Secretary of State**
01-18-2005 90030 015 ****61.25

DOCUMENT # N99000006256

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

| Principal Place of Business | Mailing Address |
|---|---|
| 811 ORANGEWOOD AVE<br>DELAND, FL 32724 | PO BOX 4<br>CASSADAGA, FL 32706-0004 |

01122005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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 | 7. Name and Address of New Registered Agent |
|---|---|
| BALZER, FRANK R<br>811 ORANGEWOOD AVE<br>DELAND, FL 32724 | Name CHARLES CARAFANO<br>Street Address (P.O. Box Number is Not Acceptable)<br>1885 VAN ALLEN CIRCLE<br>City DELTONA FL Zip Code 32738 |

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 Charles Carafano 1-13-05
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, 2005**

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 | P<br>BALZER, BOB<br>811 ORANGEWOOD AVE<br>DELAND, FL 32724 | ☑ Delete | P.<br>CARAFANO CHARLES<br>1885 VAN ALLEN CIRCLE<br>DELTONA FL. 32738 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1VP<br>CARAFANO, CHARLES<br>1885 VAN ALLEN DR<br>DELTONA, FL 32738 | ☐ Delete | 1VP<br>SMITH, DONALD<br>1812 S. HOUSTON DR.<br>DELTONA FL. 32738 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VP<br>SMITH, DONALD<br>1812 S HOUSTON DR<br>DELTONA, FL 32738 | ☐ Delete | COSGROVE, KENNETH<br>1341 AZORA DR.<br>DELTONA FL. 32725 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BRANDT, EDWARD<br>1534 N NORWANDY BLVD<br>DELTONA, FL 32725 | ☑ Delete | CARAFANO AMELIA<br>1885 VAN ALLEN CIRCLE<br>DELTONA FL. 32738 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>NICOLO, FRANK<br>1689 S PAGE DR<br>DELTONA, FL 32725 | ☐ Delete | NICOLO FRANK<br>1689 S. PAGE DR.<br>DELTONA FL. 32725 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** Charles Carafano - CHARLES CARAFANO 1-13-05 386 532-0534
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #