

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90053 003 ****61.25

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



Principal Place of Business
**109 CASSADEGA RD.
LAKE HELEN, FL 32744 US**

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

40068224



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3477874

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~SMITH, DONALD C
1012 S. HOUSTON DR.
DELTONA, FL 32738~~

Name **John E. -Horrocks**

Street Address (P.O. Box Number is Not Acceptable)
518 Leaf Circle

City **Deland**

FL

Zip Code
32724

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 **P** ☒ Delete
NAME ~~SMITH, DONALD C~~
STREET ADDRESS ~~1012 S. HOUSTON DR.~~
CITY-ST-ZIP ~~DELTONA, FL 32738~~

TITLE **P** ☒ Change ☐ Addition
NAME **John E. Horrocks**
STREET ADDRESS **518 Leaf Circle**
CITY-ST-ZIP **Deland, FL 32724**

TITLE **1VP** ☒ Delete
NAME ~~CHARTRAND, GEORGE H~~
STREET ADDRESS ~~1987 STACEY CIRCLE~~
CITY-ST-ZIP ~~DELTONA, FL 32738~~

TITLE **1VP** ☒ Change ☐ Addition
NAME **Charles Carafano**
STREET ADDRESS **1885 Van Allen Circle**
CITY-ST-ZIP **Deltona, FL 32738**

TITLE **2VP** ☒ Delete
NAME ~~CARAFANO, CHARLES~~
STREET ADDRESS ~~1885 VAN ALLEN CIRCLE~~
CITY-ST-ZIP ~~DELTONA, FL 32738~~

TITLE **2VP** ☒ Change ☐ Addition
NAME **Bernard Choinere**
STREET ADDRESS **480 Pine View Dr.**
CITY-ST-ZIP **Orange City, FL 32763**

TITLE **S/D** ☐ Delete
NAME **LIKAKIS, JOHN**
STREET ADDRESS **38 SEMINOLE DR**
CITY-ST-ZIP **DEBARY, FL 32713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME ~~NICOLO, FRANK~~
STREET ADDRESS ~~1609 S PAGE DR~~
CITY-ST-ZIP ~~DELTONA, FL 32726~~

TITLE **T** ☒ Change ☐ Addition
NAME **Thomas Faas**
STREET ADDRESS **574 Gondolier Terrace**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE **D** ☐ Delete
NAME **BALZER, BOB**
STREET ADDRESS **811 ORANGWOOD AVE.**
CITY-ST-ZIP **DELAND, FL 32724**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

[Signature]

4/9/08
Date

386-668-1991
Daytime Phone #