

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1995 JAN 27 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 758801

(5)

1. Corporation Name

SOUTHEAST ASIAN RELIEF, INC.

Principal Place of Business

3500 5TH AVE N  
SC  
ST. PETERSBURG FL 33713  
US

Mailing Address

6500 CENTRAL AVENUE  
C/O JOHN T. ROBINSON  
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1981

3a. Date of Last Report

04/07/1994

4. FEI Number

59-2278219

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☒

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBINSON, JOHN T.  
6500 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |
|----------------|-----------------------------|
| TITLE          | PD                          |
| NAME           | ALMQUIST, REX B.            |
| STREET ADDRESS | 5027 FIRST AVE N.           |
| CITY-ST-ZIP    | ST. PETERSBURG FL           |
| TITLE          | D                           |
| NAME           | HIGHFIELD, WILLIAM          |
| STREET ADDRESS | 3495 7TH AVE NORTH          |
| CITY-ST-ZIP    | ST PETERSBURG, FL 00000     |
| TITLE          | STD                         |
| NAME           | ALMQUIST, JUNE              |
| STREET ADDRESS | 5027 FIRST AVE NO.          |
| CITY-ST-ZIP    | ST. PETERSBURG FL           |
| TITLE          | D                           |
| NAME           | BALDWIN, ROBERT             |
| STREET ADDRESS | 7932 SAILBOAT KEY BLVD S606 |
| CITY-ST-ZIP    | S PASADENA FL               |
| TITLE          | D                           |
| NAME           | HART, MARY J                |
| STREET ADDRESS | 1533 55 ST N                |
| CITY-ST-ZIP    | ST PETERSBURG FL            |
| TITLE          | D                           |
| NAME           | BALLOU, DAN                 |
| STREET ADDRESS | 2050 BROOKFIELD DR          |
| CITY-ST-ZIP    | LARGO FL                    |

|                    |                           |
|--------------------|---------------------------|
| 1.1 TITLE          | D.                        |
| 1.2 NAME           | PASTOR BON TRUONG         |
| 1.3 STREET ADDRESS | 8840 58 LANE NO.          |
| 1.4 CITY-ST-ZIP    | PINELLAS PARK, FL. 34664  |
| 2.1 TITLE          | D.                        |
| 2.2 NAME           | CAROL UPHAM               |
| 2.3 STREET ADDRESS | 7000 BAY STREET           |
| 2.4 CITY-ST-ZIP    | ST. PETE BEACH, FL. 33706 |
| 3.1 TITLE          | D.                        |
| 3.2 NAME           | ANDREW KING               |
| 3.3 STREET ADDRESS | 5565 11TH STREET SO.      |
| 3.4 CITY-ST-ZIP    | ST. PETERSBURG, FL. 33705 |
| 4.1 TITLE          |                           |
| 4.2 NAME           |                           |
| 4.3 STREET ADDRESS |                           |
| 4.4 CITY-ST-ZIP    |                           |
| 5.1 TITLE          |                           |
| 5.2 NAME           |                           |
| 5.3 STREET ADDRESS |                           |
| 5.4 CITY-ST-ZIP    |                           |
| 6.1 TITLE          |                           |
| 6.2 NAME           |                           |
| 6.3 STREET ADDRESS |                           |
| 6.4 CITY-ST-ZIP    |                           |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director  
REX B. ALMQUIST

PRESIDENT

21 JANUARY 1995

(813) 321-1538