SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 06/17/1981
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

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

9. Name and Address of Current Registered Agent
ROBINSON, JOHN T.
6500 CENTRAL AVENUE
ST. PETERSBURG FL 33707

10. Name and Address of New Registered Agent
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ALMQUIST, REX B.	
STREET ADDRESS	5027 FIRST AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	HIGHFIELD, WILLIAM	
STREET ADDRESS	3495 7TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	STD	☐ DELETE
NAME	ALMQUIST, JUNE	
STREET ADDRESS	5027 FIRST AVE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	BALDWIN, ROBERT	
STREET ADDRESS	7932 SAILBOAT KEY BLVD S606	
CITY-ST-ZIP	S PASADENA FL	
TITLE	D	☐ DELETE
NAME	HART, MARY J	
STREET ADDRESS	1533 55 ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	PASTOR BON TRUONG	
STREET ADDRESS	8840 58 LANE NO.	
CITY-ST-ZIP	PINELLAS PARK FL 34664	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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: Jun[illegible] Almquist 6-17-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #