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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
3500 5TH AVE N SC ST. PETERSBURG FL 33733 US	P.O. BOX 15025 ST. PETERSBURG FL 33733 US

3. Date Incorporated or Qualified: 06/17/1981

4. FEI Number: 59-2278219 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: SUITE C HAS BEEN CHANGED TO SUITE F
Suite, Apt. #, etc. 22: SC TO SF
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

ROBINSON, JOHN T.
7113-1ST AVE S.
ST. PETERSBURG FL N

10. Name and Address of New Registered Agent

81 Name: ATTY WILLIAM (BILL) FOSTER
82 Street Address (P.O. Box Number is Not Acceptable): FOSTER AND DAVIS
83: 555 - 4TH STREET NORTH
84 City: ST. PETERSBURG FL 85 Zip Code: 33701

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: DAVID W. FOSTER 1/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ALMQUIST, REX B.		1.2 NAME		
STREET ADDRESS	5027 FIRST AVE N.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HIGHFIELD, WILLIAM		2.2 NAME		
STREET ADDRESS	3495 7TH AVE NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 00000		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	NOW CONTINES AS ONLY TREASURER TD	☒ Change ☐ Addition
NAME	ALMQUIST, JUNE		3.2 NAME		
STREET ADDRESS	5027 FIRST AVE NO.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, ANDREW		4. 2 NAME		
STREET ADDRESS	5565-11TH STREET S.		4.3 STREET ADDRESS		
CITY-ST-ZIP	S PASADENA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VS (NOW VICE PRESIDENT) VSD + SECRETARY	☒ Change ☐ Addition
NAME	PENDELL, MARJORIE		5.2 NAME		
STREET ADDRESS	5101 SEMINOLE BLVD., #15		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PASTOR BON TRUONG		6.2 NAME		
STREET ADDRESS	8840 58 LANE NO.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34664		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: REX B. ALMQUIST 3 JANUARY 1998