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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758801

1. Corporation Name
SOUTHEAST ASIAN RELIEF, INC.

Principal Place of Business	Mailing Address
3500 5TH AVE N SF ST. PETERSBURG FL 33733 US	P.O. BOX 15025 ST. PETERSBURG FL 33733 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/17/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2278219 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, WILLIAM ATTY FOSTER AND DAVIS 555 4TH STREET NORTH ST PETERSBURG FL 33701	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		2. 4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ 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	VSD	☐ DELETE	5.1 TITLE		☐ 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	TRUONG, BON PASTOR		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 (11/98)

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, with all other like empowered.

SIGNATURE: Rex B Almquist SIGNATURE REQUIRED REX B ALMQUIST 10 JAN 1999 (727) 321-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #