2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90030 015 ****61.25

DOCUMENT # 758801

1. Entity Name

SOUTHEAST ASIAN RELIEF, INC.

C0003736

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3500 5TH AVE N SF ST. PETERSBURG FL 33733 US	P.O. BOX 15025 ST. PETERSBURG FL 33733-5025 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, WILLIAM ATTY
FOSTER AND DAVIS
555 4TH STREET NORTH
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name SAMS

Street Address (P.O. Box Number is Not Acceptable) FOSTER AND FOSTER (BUS NAME CHAIN.

SAME

City FL Zip Code

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.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALMQUIST, REX B 5027 FIRST AVE N. ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MAJOR JAMES FARRELL 9015 S.W. 96TH COURT ROAD OCALA, FLORIDA 34481	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIGHFIELD, WILLIAM 3495 7TH AVE NORTH ST PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MR. LARRY BIEHLER 242 S.W. LINCOLN CIRCLE NORTH ST. PETE, FLA. 33703	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALMQUIST, JUNE 5027 FIRST AVE NO. ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PASTOR DAVID KEISTER WESTMINSTER PRESBY. CHURCH 126 - 11TH AVE. N.E. ST. PETE, FLA. 33701	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, ANDREW 5565-11TH STREET S. S PASADENA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MRS. HOLLY HINES 5885 - 27TH STREET SOUTH ST. PETERSBURG, FLA. 33712	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD (COPIED) AT THIS TIME PENDELL, MARJORIE 5101 SEMINOLE BLVD. #15 ST PETERSBURG FL	☒ Delete LEFT BOARD	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DONNA L. BISHOP 210 - 5TH AVE. SOUTH, APT 17 ST. PETE, FLA. 33701	☐ Change ☑ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUONG, BON PASTOR 8840 58 LANE NO. PINELLAS PARK FL 34664	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CHRISTIANA MCCARTHY HEART OF AMERICA MINISTRIES 59 EAST LABARGE STREET HUDSON FALLS, NEW YORK 12839	☐ Change ☑ Add

12. 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 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.

PHONE / FAX: (727) 321-1538

SIGNATURE: SIGNATURE REQUIRED Rex B. Almquist 6JAN 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #