2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am Secretary of State DOCUMENT # **758801** 1. Entity Name 02-13-2002 90282 028 ****61.25 SOUTHEAST ASIAN RELIEF, INC. Principal Place of Business Mailing Address 3500 5TH AVE N P.O. BOX 15025 ST. PETERSBURG FL 33733 ST. PETERSBURG FL 33733 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2278219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FOSTER, WILLIAM ATTY FOSTER AND FOSTER 555 4TH STREET NORTH ST PETERSBURG FL 33701 City Zip Code FL 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 🏯 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D. (9/01) ☐ Delete Addition MAJOR JAMES (JIH) FARRELL. almquist, rex b NAME STREET ADDRESS 5027 FIRST AVE N. STREET ADDRESS O CALA, FL, 34481 CITY-ST-ZIP CITY-ST-ZIP St. Petersburg fl ☐ Delete b. TITLE Change Addition PASTOR DAVID KEISTER WISTHINISTER PRESBY, CHURCH MCCARTHY, CHRISTINA MAME STREET ADDRESS HEART OF AMERICA MIN, 59 LABARGE ST STREET ADDRESS ST. PETERSBURL N.E. CITY-ST-ZIP HUDSON FALLS NY 12839 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change O'NEAL, WALTER A NAME MAS HOWY HINES NAME STREET ADDRESS 12706 OAK STREET STREET ADDRESS 5885 27 STREET SOUTH CITY-ST-7IP 3t. Peteniburb, FL. 33712 LARGO FL 33774 CITY-ST-ZIP ☐ Delete ☐ Change TITLE Addition KING, ANDREW NAME NAME MS, CLARE KIMMEL 3466 - 34M AVE. NORTH STREET ADDRESS 5565-11TH STREET S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP s pasadena fl St, Petersburg, Fl . 33713 --- Delete TITLE Change ■ Addition BISHOP, DONNA L NAME NAME STREET ADDRESS 210 5TH AVE SOUTH APT 17 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition TRUONG, BON PASTOR NAME NAME STREET ADDRESS 8840 58 LANE NO. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL 34664

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 regeiver 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. CELL# (727) 415-1292 EX B. ALMQUIST 29JAN 2002

SIGNATURE:

FILED