2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State
01-09-2008 90010 026 ****61.25

DOCUMENT # 758801

1. Entity 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

66UUU703

01072008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
FOSTER, WILLIAM ATTY FOSTER AND FOSTER 555 4TH STREET NORTH ST PETERSBURG, FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINETTO, MICHAEL 8949 FAIRWEATHER DRIVE LARGO, FL 33773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, PHILIP & KIM 787 LA PLAZA AVE. SOUTH ST. PETERSBURG, FL. 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCARTHY, CHRISTINA HEART OF AMERICA MIN, 59 LABARGE ST HUDSON FALLS, NY 12839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALMQUIST, REX 5027 1 AVE NORTH ST. PETERSBURG, FL. 33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FARRELL, JAMES M 9015 S.W. 96TH COURT ROAD OCALA, FL 34481	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOAG, BOB 2578 SILITWOOD WAY CLEARWATER, FL 33761	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHAM, LAN 5027 - 1ST AVE N SAINT PETERSBURG, FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEISTER, DAVID P W. MINISTER PRESBY.126-11TH AVE. N.E. SAINT PETERSBURG, FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINES, HOLLY 5885 27TH ST SOUTH SAINT PETERSBURG, FL 33712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: REX B. ALMQUIST Rex B. Almquist 1JAN08 (727) 321-1538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #