

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758801

FILED
Jan 20, 2009
Secretary of State

Entity Name: SOUTHEAST ASIAN RELIEF, INC.

Current Principal Place of Business:

3500 5TH AVE N
SF
ST. PETERSBURG, FL 33733 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15025
ST. PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-2278219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARTINETTO, MICHAEL
Address: 8949 FAIRWEATHER DRIVE
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: MCCARTHY, CHRISTINA
Address: HEART OF AMERICA MIN, 59 LABARGE ST
City-St-Zip: HUDSON FALLS, NY 12839

Title: D () Delete
Name: FARRELL, JAMES M
Address: 9015 S.W. 96TH COURT ROAD
City-St-Zip: OCALA, FL 34481

Title: D () Delete
Name: PHAM, LAN
Address: 5027 - 1ST AVE N
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: SMITH, PHILIP
Address: 787 LA PLAZA AVE. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33707

Title: D () Delete
Name: HINES, HOLLY
Address: 5885 27TH ST SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX B. ALMQUIST

D

01/20/2009

Electronic Signature of Signing Officer or Director

Date