

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90034 029 ****61.25

DOCUMENT # 758801

1. Entity Name
SOUTHEAST ASIAN RELIEF, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

FILE NOW: FEE IS \$61.25

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
**PD
ALMQUIST, REX B
5027 FIRST AVE N.
ST. PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. MAJOR JAMES (JIM) FARRELL
9015 S.W. 96TH COURT ROAD
OCALA, FLORIDA 34481** ☐ 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. PASTOR DAVID KEISTER
WESTMINISTER PRESBY. CHURCH
126-11TH AVE. N.E.
ST. PETERSBURG, FL. 33701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V. O'NEAL, WALTER A
12706 OAK STREET
LARGO FL 33774** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. MRS. HOLLY HINES
5885-27TH STREET SOUTH
ST. PETERSBURG, FL. 33712** ☐ Change ☒ Addition

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
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BISHOP, DONNA L
210 5TH AVE SOUTH APT 17
ST PETERSBURG FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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
☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]
SIGNATURE, TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

7 JAN 2003 (727) 321-1538
CALL# (727) 415-1292

CR2E037 (10/02)