FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT # N09979

(8)

Mailing Address

CHINESE CULTURE ASSOCIATION OF SOUTH FLORIDA, IN

Principal Place	of Business	Mailing Address			
P.O. BOX 810552		P.O. BOX 810552		•	
BOCA RATON FL 33481-0552		BOCA RATON FL 33481-0552			
U\$		US		3. Date Incorporated or Qualified	3a. Date of Last Report
				06/26/1985	04/28/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
	and of Eddinood	26		59-2600665	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22	, 0.0.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
	25	29	30		Yes No
24	9. Name and Address of Currer		1001	10. Name and Address of New Re	
	g. Hallo alla Addicas di Dallo	g	81 Name	CILTAL D.	
- CHEN D	FUCINO			CHEN, Bay	
	EHSING		82 Street A	ddress (P.O. Box Number is Not Acceptable	a) `
	ENDOCINO LN		63		
	PRING TERR -		" 4(641 OHIO PL	ACE .
*BOCA R/	NTON FL 33428		84 City		EI 85 Zip Code
			<u> </u>	SOCA PATON	「L」「シンサンサ」
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the above-named corp	poration submits this statement for the purp	oose of changing its registered office introduct as registered agent. Lam
or register familiar wi	ed agent, or both, in the State of Flori th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	so by the corporations of	poration submits this statement for the purplicand of directors. I hereby accept the appo	a de la constante de la consta
	Kuil			3//	8/96
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	OTE: Registered Agent signature rec		DATE
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD	DELETÉ	1.1 TITLE	PD	Change Addition
NAME	CHEN, BEHSING	, ,	1.2 NAME	CHEN, BONY	shiyo
STREET ADDRESS	20888 SPRING TERRACE		1.3 STREET ADDRESS	abyl OHIO PLA	CE'
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY - ST - ZIP	BUCA PATON, F	L 33434
TITLE	VD	DELETE	2.1 TITLE VI	CHIEN, JACK	
NAME	CHEN, BARRY S	~	2.2 NAME	10561 Mendos	ing lane
	DOME OFFICE		2.3 STREET ADDRESS	(026) MERCO	and bane
STREET ADDRESS	BOCA RATON FL			BOCA RATON	、 だし ヨラチで名
CITY-ST-ZIP	SD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
TITLE	YANG, CILING	Morreit	3.1 IIILE 3.2 NAME	SD	4 2.
NAME		ς		WU. I - CHE	$N_{\perp} = 1$
STREET ADDRESS 5820 TOWN BAY DR APT 315		3 3 STREET ADDRESS	BOCA RATON, FL 33498		
CITY-ST-ZIP	W. PALM BCH FL	The series	3.4. CITY-ST-ZIP	BOCA RATON,	Change Addition
TITLE	TD	DELETE	4.1 TITLE		
NAME	WANG, CINDY		4. 2 NAME	Jennifer KL	JNCT
STREET ADDRESS 6040 VISTA LINDA LANE		4.3 STREET ADDRESS	43 STREET ADDRESS 44 CITY-ST-ZIP 43 STREET ADDRESS 44 CITY-ST-ZIP		
CITY-ST-ZIP	BOCA RATON FL	a	4.4 CITY - ST - ZIP	PACA RATI	
TITLE	D	DELETE	5.1 TITLE	Pembroke Pine	Change Addition
NAME	CHAO, HWA J	•	5.2 NAME	remaiore pina	- LT 3309H
STREET ADDRESS	1738 LINDESY CT		5.3 STREET ADDRESS		
	WEST PALM BEACH FL		5.4 DITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	61 TITLE		☐ Change ☐ Addition
	LEE, HOSHENG		62 NAME		·
NAME	2344 TIMBERCREEK CIRCLE				
STREET ADDRESS	2344 TIMBERUREER UIRULE		6.3 STREET ADDRESS		
3	I MIII A WALINI MI		CARITY OF TIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cettify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 407-4885746