

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003022

1. Corporation Name

FLORIDA CHINESE LIBRARY, INC.

Principal Place of Business

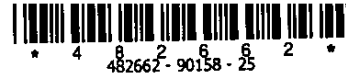
**12341 WARREN ROAD
CLERMONT FL 34711**

Mailing Address

**12341 WARREN ROAD
CLERMONT FL 34711**

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90158 025 ****61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/13/1993

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3201921

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LIN, CHUN-IN
12341 WARREN ROAD
CLERMONT FL 34711**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **LIN, CHUN-IN DR**
STREET ADDRESS **12341 WARREN ROAD**
CITY-ST-ZIP **CLERMONT FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

STD
Wen He Lu
3501 Willow Lawn Dr.
Lynchburg VA. 24503
☒ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **YOUNG, KOW D MRS**
STREET ADDRESS **20 3 ALLEY 18 LANE, HO-PING E RD SECTION**
CITY-ST-ZIP **TAIPEI TA**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **STD** ☒ DELETE
NAME **YUE, HELEN**
STREET ADDRESS **8502 N. ARMENIA AVE.**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DP** ☐ DELETE
NAME **WONG, MOREY**
STREET ADDRESS **8502 ARMENIA AVENUE**
CITY-ST-ZIP **TAMPA FL**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **HUNG, TOM**
STREET ADDRESS **107 CHUNG-SHAN ST**
CITY-ST-ZIP **NA-HA TA**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **CHANG, RUBY**
STREET ADDRESS **12258 BOHONNO BLVD.**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)