

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90004 045 ****61.25

DOCUMENT # N97000000799

1. Entity Name

GAINESVILLE CHINESE CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

C/O TU, CHINGKUANG
~~427 NW 86TH STREET~~ 1108 S.W. 82 Terr.
 GAINESVILLE FL 32607
 US

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~~427 NW 86TH STREET~~ 1108 S.W. 82 Terr.
 GAINESVILLE FL 32607
 US

2. Principal Place of Business

3. Mailing Address

1108 S.W. 82 Terr

1108 S.W. 82 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2633320

Applied For

Not Applicable

Zip

32607

Country

U.S.A.

Zip

32607

Country

USA

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

TU, CHINGKUANG
~~427 NW 86TH ST~~
 GAINESVILLE FL 32607

Tu, CHINGKUANG
 1108 S.W. 82 Terr.

Name Tu, CHINGKUANG

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

1108 S.W. 82 Terr.

City

Gainesville

FL

Zip Code

32607

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.

SIGNATURE

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

Chingkuang Tu

(NOTE: Registered Agent signature required when reinstating)

Feb 9, 2000

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	CHEN, PAUL
STREET ADDRESS	1325 N.W. 53RD TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D <input type="checkbox"/> Delete
NAME	HSIEH, SHU-MIN
STREET ADDRESS	3311 N.W. 25TH AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D <input type="checkbox"/> Delete
NAME	TIA, MANG
STREET ADDRESS	8027 N.W. 65TH AVE 8214 N.W. 63 BLVD
CITY-ST-ZIP	GAINESVILLE FL 32653
TITLE	D <input type="checkbox"/> Delete
NAME	TU, CHING-KUANG
STREET ADDRESS	427 NW 86TH ST 1108 S.W. 82 Terr.
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	D <input type="checkbox"/> Delete
NAME	CHOU, IVAN
STREET ADDRESS	4126 NW 66TH TERR
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	D <input type="checkbox"/> Delete
NAME	YEN, ALICE
STREET ADDRESS	3300 NW 27TH AVE
CITY-ST-ZIP	GAINESVILLE FL 32605

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Chingkuang Tu
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb. 9 2000 352-392-3228

CR2E037 (9/99)