2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like enpowered.

SIGNATURE:

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # N98000002780 TALLAHASSEE CHINESE CHRISTIAN CHURCH INC. 02-26-2002 90023 026 ****61.25 Principal Place of Business Mailing Address C/O PARKWAY BAPTIST CHURCH C/O PARKWAY BAPTIST CHURCH 1410 E. INDIAN HEAD DRIVE 1410 E. INDIAN HEAD DRIVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANG, SHANG-YIH Street Address (P.O. Box Number is Not Acceptable) 2809 COLONNADE CT. Tallahassee FL 32308(s City 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. ressun et 2000 فشرنا الشافعة والمتواطئة أأواجا A 1884 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Addition ☐ Delete TITLE Change LO, LING-FEI NAME NAME **400 YARDLEY CIRCLE** STREET ADDRESS STREET ADDRESS Tallahassee FL 3208 CITY-ST-ZIP CITY-ST-ZIP CBD TITLE ☐ Delete TITLE ☐ Change ☐ Addition Wang, David NAME NAME 3885 PADDRICK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP TITLE ☐ Delete TITLE Change noitibba young, Eutiquio C NAME NAME 2325 BOURGOGNA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Tallahassee FL 32308 CITY-ST-ZIP BOD TITLE ☐ Delete TITLE Change ☐ Addition Yu, Pri-lin NAME NAME 2525 MARSTON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP BOD TITLE ☐ Delete TITLE Change Addition LO. ANN NAME NAME 2824 KILKIERANE DR. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CITY-ST-ZIP BOD ☐ Delete TITI F ☐ Change ☐ Addition ma, dian jun NAME 186-1 CRENSHAW DR. STREET ADDRESS STREET ADDRESS **ITALLAHASSEE FL 32310** CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

REISHANG-YIH WANG 1-15-02

FILED