

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011530

FILED
Apr 29, 2009
Secretary of State

Entity Name: AMERASIAN FELLOWSHIP ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

5121 E.COLONIAL DR.
B
ORLANDO, FL 32803

New Principal Place of Business:

3165 MCCRORY PL.
101
ORLANDO, FL 32803

Current Mailing Address:

5121 E.COLONIAL DR.
B
ORLANDO, FL 32803

New Mailing Address:

3165 MCCRORY PL.
101
ORLANDO, FL 32803

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CRUM, CHRISTOPHER N
410 BELLA VIDA BLVD.
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

GRAHAM & ASSOCIATES
3165 MCCRORY PL.
STE. 101
ORLANDO, FL 32828 US

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: ROBERT GRAHAM

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUM, CHRISTOPHER N
Address: 410 BELLA VIDA
City-St-Zip: ORLANDO, FL 32828

Title: VP () Delete
Name: NGUYEN, BRANDON L
Address: 10131 RIVERS TRAIL DR.
City-St-Zip: ORLANDO, FL 32817

Title: VP () Delete
Name: DAO, HAO
Address: 5466 WAUCHULA CT.
City-St-Zip: ORLANDO, FL 32839

Title: TR () Delete
Name: TRAN, DONA
Address: 4584 POINT LOOK OUT RD.
City-St-Zip: ORLANDO, FL 32808

Title: SC () Delete
Name: VO, THU
Address: 1139 PICKEREL CIR
City-St-Zip: ORLANDO, FL 32839

Title: FB () Delete
Name: VU, BE
Address: 222 N.HIAWASSEE RD., APT # 17
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER CRUM

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date