

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000000163

Entity Name: CANAAN CHIN BAPTIST CHURCH, INC.**Current Principal Place of Business:**3850 ATLANTIC BLVD.
JACKSONVILLE, FL 32207**Current Mailing Address:**3850 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 US**FEI Number:** 46-4618773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CANAAN CHIN BAPTIST CHURCH, INC.
3850 ATLANTIC BLVD.
JACKSONVILLE, FL 32207 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:** TIN HTAUNG

01/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	LIAN, MANG TB
Address	1928 DUMFRIES CT
City-State-Zip:	SAINT JOHNS FL 32259
Title	UNPAID PASTOR
Name	CEU, RAM
Address	5118 ROBERT SCOTT DR. S
City-State-Zip:	JACKSONVILLE FL 32216
Title	UNPAID PASTOR
Name	CEM, STONEY H
Address	KEYSTONE DR N
City-State-Zip:	JACKSONVILLE FL 32216
Title	CHECK SIGNER
Name	LIAN , ZO
Address	6427 TODD RD
City-State-Zip:	JACKSONVILLE FL 32216

Title	VC, VP
Name	TU, VAN
Address	4249 GOLDIE ST
City-State-Zip:	JACKSONVILLE FL 32207
Title	PRESIDENT
Name	CEU, THAWNG ZA
Address	5557 KEYSTONE DR. N
City-State-Zip:	JACKSONVILLE FL 32207
Title	CHECK SIGNER
Name	IRENE, EMI
Address	4249 GOLDIE ST
City-State-Zip:	JACKSONVILLE FL 32207
Title	TREASURER
Name	SHINE, TUN
Address	2835 ILENE DR
City-State-Zip:	JACKSONVILLE FL 32216

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I hereby 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 all other like empowered.

SIGNATURE: MANG LIAN**SECRETARY**

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name THANG, SIMON
Address 2203 LARRY DR
City-State-Zip: JACKSONVILLE FL 32216

Title CHECK SIGNER
Name LE, KHA
Address 333 LAURINA ST
44
City-State-Zip: JACKSONVILLE FL 32207