

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700624

FILED
Apr 21, 2009
Secretary of State

Entity Name: CHINESE AMERICAN BENEVOLENT ASSOCIATION, INC.

Current Principal Place of Business:

5121 HAWKHURST AVE
FT LAUDERDALE, FL 33331 US

New Principal Place of Business:

8445 SW 148 DR
PALMETTO BAY, FL 33158 US

Current Mailing Address:

10729 SW 104 STREET
KILLIAN PROFESSIONAL VILLAGE
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0710581 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHANG, SANG
8445 SW 148 DR
PALMETTO BAY, FL 33158 US

Name and Address of New Registered Agent:

WHANG, SANG Y
8445 SW 148 DR
PALMETTO BAY, FL 33158 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: SANG Y WHANG

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WHANG, SANG
Address: 8445 SW 148 DR
City-St-Zip: PALMETTO BAY, FL 33158

Title: V () Delete
Name: TSE, FRANKLIN
Address: 5121 HAWKHURST AVENUE
City-St-Zip: SW RANCHES, FL 33331

Title: V () Delete
Name: CHIN, HAN
Address: 9621 SUNRISE LAKES BLVD., BLDG 120 #110
City-St-Zip: SUNRISE, FL 33322

Title: D () Delete
Name: LOW, GOW
Address: 3469 LENOX MILL RD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: GORDY, JOSEPHINE
Address: 8888 SW 129 TERR
City-St-Zip: MIAMI, FL 33176

Title: D (X) Delete
Name: CHOW, K.C.
Address: 217 MERSE PLAZA
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: TANG, VENGHAN
Address: 8401 SW 107 AVE, #254E
City-St-Zip: MIAMI, FL 33173

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
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: JOSEPHINE GORDY

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date