

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725985 (6)
1. Corporation Name

CUONG NHU ORIENTAL MARTIAL ARTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

CUONG NHU KARATE CENTER
809 W. UNIVERSITY AVE.
GAINESVILLE FL 32601
US

P.O. BOX 13836
GAINESVILLE FL 32604

3. Date Incorporated or Qualified
04/03/1973

3a. Date of Last Report
05/22/1995

4. FEI Number
59-1548979

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30
9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHILLING, JULIE
2020 SW 79 DRIVE
GAINESVILLE FL 32607

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	DELETE
NAME	DAVIS, MARY	
STREET ADDRESS	351 HILLCREST AVE., B-7	
CITY-ST-ZIP	DECATUR GA	
TITLE	PD	DELETE
NAME	APPEN, ALLYSON	
STREET ADDRESS	4639 KAPHAN AVE.	
CITY-ST-ZIP	OAKLAND CA	
TITLE	VD	DELETE
NAME	MONTAGUE, JOE	
STREET ADDRESS	8708 LAUMIC DR.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	S	DELETE
NAME	APPEN, ALLYSON	
STREET ADDRESS	1539 ACTON ST	
CITY-ST-ZIP	BERKELEY CA	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	ST
12 NAME	SCHILLING, LOUIS
13 STREET ADDRESS	2020 SW 79 DRIVE
14 CITY-ST-ZIP	GAINESVILLE, FL 32607
21 TITLE	VP
22 NAME	CRANE, STEVE
23 STREET ADDRESS	5755 W 20 AVE #110
24 CITY-ST-ZIP	HIALEAH, FL 33012
31 TITLE	PD
32 NAME	MONTAGUE, JOE
33 STREET ADDRESS	8708 LAUMIC DR
34 CITY-ST-ZIP	RICHMOND, VA 23235
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ST
SCHILLING, LOUIS
2020 SW 79 DRIVE
GAINESVILLE, FL 32607
VP
CRANE, STEVE
5755 W 20 AVE #110
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PD
MONTAGUE, JOE
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☒ Change ☐ Addition

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☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louis Schilling

LOUIS SCHILLING

4/9/96

352/378-4172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)