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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725985

1. Corporation Name
CUONG NHU ORIENTAL MARTIAL ARTS ASSOCIATION,INC.

* 5 6 1 4 0 8 *
561408 - 90086 - 25

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

2. Principal Place of Business	2a. Mailing Address
21 CNOMAA	26 CNOMAA
Suite, Apt. #, etc. 22 3705 Leewood Ln.	Suite, Apt. #, etc. 27 3705 Leewood Ln.
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32217 Country 25 USA	Zip 29 32217 Country 30 USA

3. Date Incorporated or Qualified: 04/03/1973

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

9. Name and Address of Current Registered Agent

SCHILLING, JULIE
2020 SW 79 DRIVE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: Jessica Ahlburg Bruno
82 Street Address (P.O. Box Number is Not Acceptable): 3705 Leewood Ln.
83
84 City: Jacksonville FL 85 Zip Code: 32217

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHILLING, LOUIS 2020 S W 79TH DRIVE GAINESVILE FL 32607	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Helen Moore 1054 Anna Knapp Blvd., #4-G Mt. Pleasant, SC 29464	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CRANE, STEVE 1971 BE 186 DRIVE N MIAMI BEACH FL 33179	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Kirk Farber 331 10 St., Atlantic Bch., FL 32233	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MONTAGUE, JOE 8708 LAUMIC DR. RICHMOND VA	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLANGELO MARK 1126 CATALINA BLVD SAN DIEGO CA	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037_(11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: H. Schilling, P.D. **REQUIRED** 4-6-99 843-740-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #