2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 737899

1. Entity Name
THE JAPAN-AMERICA SOCIETY OF SOUTH FLORIDA, INC.

Principal Place of Business
4000 MORIKAMI PARK ROAD
DELRAY BCH, FL 33446-2305

Mailing Address
4000 MORIKAMI PARK ROAD
DELRAY BCH, FL 33446-2305

DO NOT WRITE IN THIS SPACE

01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1720445 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIHORI, JAMES
4000 MORIKAMI PARK ROAD
DELRAY BEACH, FL 33446

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000768734
07/13/07-80010-009 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIHORI, JAMES
STREET ADDRESS	4000 MORIKAMI PARK ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 334462305
TITLE	VD
NAME	GRIFFITH, WARLAND
STREET ADDRESS	4000 MORIKAMI PARK ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	VD
NAME	SHAH, B
STREET ADDRESS	4000 MORIKAMI PARK ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	TD
NAME	MIHORI, CHIEKO
STREET ADDRESS	4000 MORIKAMI PARK ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	SD
NAME	LENTSCH, LORRAINE
STREET ADDRESS	4000 MORIKAMI PARK RD
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	GRAHAM, KAZUKO
STREET ADDRESS	4000 MORIKAMI PARK RD
CITY-ST-ZIP	DELRAY BEACH, FL 33446

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 07-10-07 (561) 278-3614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #