

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737899

FILED
Jan 05, 2009
Secretary of State

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

Current Principal Place of Business:

4000 MORIKAMI PARK ROAD
DELRAY BCH, FL 334462305

New Principal Place of Business:

Current Mailing Address:

4000 MORIKAMI PARK ROAD
DELRAY BCH, FL 334462305

New Mailing Address:

FEI Number: 59-1720445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIHORI, JAMES,
Address: 4000 MORIKAMI PARK ROAD
City-St-Zip: DELRAY BEACH, FL 334462305

Title: VD () Delete
Name: GRIFFITH, WARLAND,
Address: 4000 MORIKAMI PARK ROAD
City-St-Zip: DELRAY BEACH, FL 33446

Title: VD () Delete
Name: SHAH, B
Address: 4000 MORIKAMI PARK ROAD
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD () Delete
Name: MIHORI, CHIEKO,
Address: 4000 MORIKAMI PARK ROAD
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: LENTSCH, LORRAINE,
Address: 4000 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33446

Title: D () Delete
Name: GRAHAM, KAZUKO
Address: 4000 MORIKAMI PARK RD
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JAMES MIHORI

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date