

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 # 756662 (3)

1. Corporation Name

CHINESE AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

**1933 AYRSHIER PLACE
OVIEDO FL 32765**

**1933 AYRSHIER PLACE
OVIEDO FL 32765**

3. Date Incorporated or Qualified
03/09/1981

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 8009 Landgrove Ct.

26 8009 Landgrove Ct.

4. FEI Number

59-2142487

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

24 32819

Country

29 32819

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**XU, XIAO BING ESO
5705 HANSEL AVE.
ORLANDO FL FL 32809**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **LIU, JUIN-JEI**
STREET ADDRESS **1933 AYRSHIER PLACE**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **VD** ☒ DELETE
NAME **LIN, KUO-CHI**
STREET ADDRESS **3858 GUILFORD CT**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **VD** ☒ DELETE
NAME **CHIU, HOWARD**
STREET ADDRESS **1101 ALBRIGHT RD.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **SD** ☒ DELETE
NAME **LEE, PETER**
STREET ADDRESS **519 APPLETON PL.**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **SD** ☒ DELETE
NAME **CHAO CHEN, YUN-SHENG**
STREET ADDRESS **3813 BENTFORD CT**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **TD** ☒ DELETE
NAME **YU, WANDY C**
STREET ADDRESS **10151 UNIVERSITY BLVD #185**
CITY-ST-ZIP **ORLANDO FL 32817**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Liu, Cheng-Min**
1.3 STREET ADDRESS **8009 Landgrove Ct.**
1.4 CITY-ST-ZIP **Orlando, FL 32819** ☐ Change ☒ Addition

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **Chen, Ruey-Hung**
2.3 STREET ADDRESS **3813 Bentford Ct.**
2.4 CITY-ST-ZIP **Orlando, FL 32817** ☐ Change ☒ Addition

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **Hu, Ming-Jen**
3.3 STREET ADDRESS **100 Red Rose Circle**
3.4 CITY-ST-ZIP **Orlando, FL 32835** ☐ Change ☒ Addition

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Lang, Sheila S.**
4.3 STREET ADDRESS **1219 E. Colonial Dr.**
4.4 CITY-ST-ZIP **Orlando, FL 32803** ☐ Change ☒ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)