1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 756662

1. Corporation Name

CHINESE AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business 1700 LAKE WAUMPI DR MAITLAND FL 32751

Mailing Address

1700 LAKE WAUMPI DR MAITLAND FL 32751

FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90067 046 ****61.25

					A D 1 1							
2. Principal Place of Business 2a. Mailing Address 2b. P.O. Box 67749					3. Date Incorporated or Qualifed 03/09/1981							
4.	49 Valencia Gardens Ant # etc Dr.				4. FEI Number	I And	plied For					
	, Apt. #, etc. Dr.	Suite, Apt. #, etc.			59-2142487	+ · · ·	t Applicable					
22		27			33 2 172707	\$8.75 A						
	Lando, Fi	City & State Orlando, FL			5. Certifcate of Status Desired □	Fee Re						
23		28	Country	· ·	6 El Eu Ganada Financia	\$5.00						
Zip 、3つ:	Country 825 [35] U.S.A.	$\frac{Z_{20}^{Z_{10}}}{32867-7491}$	ກັບ.S	.A.	6. Election Campaign Financing Trust Fund Contribution	Added to						
24 32	123	[29]	0		10. Name and Address of New Registered		01665					
	9. Name and Address of Current F	redistelen våenr	81	Name	To. Italino ano Paarooo of Non Neglectica							
XU, X	IAO BING ESO		82	82 Street Address (P.O. Box Number is Not Acceptable)								
5705	HANSEL AVE.		93	83								
ORLA	NDO FL FL 32809		03									
			84	City	FI	85 Zip C	Code					
11 Dur	quant to the provisions of Sections 617 0502	and 617 1508. Florida Statutes	the above	-named co	progration submits this statement for the purpose of	changing its	registered					
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 a			t signature req	uired when reinstating) DATE	ID DIDECTO	DC IN 43					
12.	OFFICERS AND		13.	т-	ADDITIONS/CHANGES TO OFFICERS AN		Addition					
TITLE	PD	☐ DELETE	1.1 TITLE		PD	Change	[] Addition					
NAME	LANG, SHEILA		1.2 NAME		GARY CHEN							
STREET AD	DRESS 1700 LAKE WAUMPI DR		1.3 STREET	ADDRESS	3949 VALENCIA: GARDENS	DR.						
CITY-ST-ZI	MAITLAND FL 32751		1.4 CITY-S	r-21P	ORLANDO FL. 32825							
TITLE	VD	☐ DELETE	2.1 TITLE		VD	Change	☐ Addition					
NAME	LIOU, K. TOM		2.2 NAME	1	RUEY OUYANG		(
STREET AD	DRESS 3627 CUDDLESTON COURT		2.3 STREET	ADORESS	3568 ALCOVE CT.							
CITY-ST-ZI	ORLANDO FL 32817		2.4 CITY-5	T-ZIP	OVIEDO FL 32765							
TITLE	SD	DELETE	3.1 TITLE		V.D	Change	_ 🔀 Addition					
NAME	GAI, CAHO YING	0	3.2 NAME		VICTOR WONG							
STREET AD	DRESS 2021 CHIPPEWA TRAIL		3.3 STREE	ADDRESS	2-140 TURNBERRY DR.							
CITY-ST-ZI	MAITLAND FL 32751		3.4. CITY-5	T-ZIP	OVIEDO, FL 32765							
TITLE	TD	☐ DELETE	4.1 TITLE		SD,	Change	☐ Addition					
NAME	NGUYEN, JUDY LIU		4. 2 NAME		JUDY LIU NGUYEN							
STREET AD	DRESS 2135 DURBAN COURT		4.3 STREE	ADDRESS	2:135 DURBAN CT.							
CITY-ST-ZI	P OVIEDO FL 32765		4.4 CITY-S	T-ZIP	OVIEDO, FL 32765							
TITLE		☐ DELETE	5.1 TITLE	T	SD	Change	Addition					
NAME			5.2 NAME		MEI LIAN LEOU							
STREET AD	DRESS		5.3 STREE	ADDRESS	230 HANGING MOSS CIR.		j					
CITY-ST-ZI	Р		5.4 CITY-S	T-ZIP	LAKE MARY, FL 32746							
TITLE		☐ DELETE	6.1 TITLE		TD	Change	☐ Addition					
NAME			6.2 NAME		GRACE VARNEY							
STREET AD	DRESS		6.3 STREE	ADDRESS	2969 CEDAR GLENN PL.							
CITY-ST-ZI	P		6.4 CITY-S		OVIEDO, FL. 32765							
14. I he	reby certify that the information supplied with	this filing does not qualify for the	he exempt	on stated	in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that the in	nformation					

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am all 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: