


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90008 038 ****61.25

DOCUMENT # 756662 1. Entity Name CHINESE AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.					
Principal Place of Business 9251 SOUTHERN BREEZE DR. ORLANDO, FL 32836 US			Mailing Address 9251 SOUTHERN BREEZE DR. ORLANDO, FL 32836 US		
2. Principal Place of Business 8603 BUTTERNUT BLVD. Suite, Apt. #, etc.		3. Mailing Address 8603 BUTTERNUT BLVD. Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-2142487	
Zip 32817		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHEW, CHRISTINE 539 N MILLS AVE ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name - ANGIE CHOW Street Address (P.O. Box Number is Not Acceptable) 8603 BUTTERNUT BLVD. City ORLANDO FL 32817	
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 <u><i>Angie Chow</i></u> 2-11-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIU, CHENG-MIN 9251 SOUTHERN BREEZE DR. ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGIE CHOW 8603 BUTTERNUT BLVD. ORLANDO, FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHEW, CHRISTINE 539 N MILLS AVENUE ORLANDO, FL 32803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHEW, HONG-ZONG 8748 WITTENWOOD COVE ORLANDO, FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAN, SUSAN 107 SWEETWATER BLVD. LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HO, JAMES 10367 COVE LAKE DR. ORLANDO, FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAN, JIANN 9251 SOUTHERN BREEZE DR. ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYRON, KITTY 1313 BRACKNELL CT. ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WU, PEI-FENG 5910 BENT PINE DR., #207 ORLANDO, FL 32822	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUO, CHAO-PING 528 TALL OAKS TER. LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HSU, HUI-WEN 3702 PICKWICK DR. ORLANDO, FL 32817	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: <u><i>Angie Chow</i></u> 2-11-2004 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54008113



01312004 Chg-NP CR2E037 (10/03)