2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90275 010 ****61.25

DOCUMENT # 756662

1. Entity Name
CHINESE AMERICAN ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
8603 BUTTERNUT BLVD. ORLANDO, FL 32817 US	8603 BUTTERNUT BLVD. ORLANDO, FL 32817 US

02102005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2142487 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHOW, ANGIE
8603 BUTTERNUT BLVD.
ORLANDO, FL 32817

7. Name and Address of New Registered Agent

Name CHOW, ANGIE
Street Address (P.O. Box Number is Not Acceptable)
8603 BUTTERNUT BLVD.
City ORLANDO, FL 32817 **FL** Zip Code 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 ANGIE CHOW Angie Chow 3/3/05
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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 CHOW, ANGIE 8603 BUTTERNUT BLVD. ORLANDO, FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CHEW, HONG-ZONG 8748 WITTENWOOD COVE ORLANDO, FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HO, JAMES 10207 COVE LAKE DR. ORLANDO, FL 32836	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BANG, MICHAEL 12132 DYSON CT. ORLANDO, FL 32821	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BYRON, KITTY 1713 BRACKNELL CT. ORLANDO, FL 32837	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GRAFF, SOPHIA 3958 CARNABY DR. OVIEDO, FL 32765	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LUO, CHAO-PING 528 TALL OAKS TER. LONGWOOD, FL 32750	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YUAN, TOMMIE 8418 FOXWORTH CIRCLE ORLANDO, FL 32819	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HSU, HUI-WEN 3702 PICKWICK DR. ORLANDO, FL 32817	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHANG, DAISY 318 S. RANGER BLVD. WINTER PARK, FL 32792	☐ Change ☑ 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: Angie Chow ANGIE CHOW 3/3/05 407-677-6711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #