

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 8:00 am
Secretary of State

01-06-2005 90002 023 ****61.25

DOCUMENT #758801

1. Entity Name **SOUTHEAST ASIAN RELIEF, INC.**



Principal Place of Business
**3500 5TH AVE N
SF
ST. PETERSBURG, FL 33733 US**

Mailing Address
**P.O. BOX 15025
ST. PETERSBURG, FL 33733 US**

50000207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2278219

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, WILLIAM ATTY
FOSTER AND FOSTER
555 4TH STREET NORTH
ST PETERSBURG, FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 **PD** ☒ Delete
NAME **ALMQUIST, REX B**
STREET ADDRESS **5027 FIRST AVE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL**

TITLE **D.** ☐ Change ☒ Addition
NAME **MARTINETTO, MICHAEL**
STREET ADDRESS **8949 FAIRWEATHER DRIVE**
CITY-ST-ZIP **LARGO, FL 33993**

TITLE **D** ☐ Delete
NAME **MCCARTHY, CHRISTINA**
STREET ADDRESS **HEART OF AMERICA MIN, 59 LABARGE ST**
CITY-ST-ZIP **HUDSON FALLS, NY 12839**

TITLE **D.** ☐ Change ☒ Addition
NAME **PHAM, LAN**
STREET ADDRESS **5027-1 ST AVE N.**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **D** ☐ Delete
NAME **FARRELL, JAMES M**
STREET ADDRESS **9015 S.W. 96TH COURT ROAD**
CITY-ST-ZIP **OCALA, FL 34481**

TITLE **D** ☐ Change ☐ Addition
NAME **KING, ANDREW**
STREET ADDRESS **5565-11TH STREET S.**
CITY-ST-ZIP **S PASADENA, FL**

TITLE **D** ☒ Delete
NAME **BISHOP, DONNA L**
STREET ADDRESS **210 5TH AVE SOUTH APT 17**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE **D** ☐ Change ☐ Addition
NAME **KEISTER, DAVID P**
STREET ADDRESS **W. MINISTER PRESBY. 126-11TH AVE. N.E.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

TITLE **D** ☒ Delete
NAME **BISHOP, DONNA L**
STREET ADDRESS **210 5TH AVE SOUTH APT 17**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE **D** ☐ Change ☐ Addition
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CITY-ST-ZIP **SAINT PETERSBURG, FL 33701**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: REX B. ALMQUIST **DATE: 3 JAN 05** **CELL (727) 415-1292** **(727) 321-1538**