

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 035 ****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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2278219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **D** ☐ Delete
NAME **MARTINETTO, MICHAEL**
STREET ADDRESS **8949 FAIRWEATHER DRIVE**
CITY-ST-ZIP **LARGO FL 33773**

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

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

TITLE **D** ☐ Delete
NAME **PHAM, LAN**
STREET ADDRESS **5027 - 1ST AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **D** ☐ Delete
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 **HINES, HOLLY**
STREET ADDRESS **5885 27TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG, FL. 33712**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rex B. Almquist* **REX B. ALMQUIST 24 JAN 06 (727) 415-1292**