

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765962 (6)

1. Corporation Name

**CHINESE CHRISTIAN ALLIANCE CHURCH OF TAMPA BAY A
REA, FLORIDA, INC.**

Principal Place of Business

**312 EAST 127TH AVE
TAMPA FL 33612**

Mailing Address

**312 EAST 127TH AVE
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1982

3a. Date of Last Report

04/21/1994

4. FEI Number

59-2274742

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FUNG, DAVID
312 EAST 127TH AVE
TAMPA FL 33612~~

81 Name **WANG, TING-YEUNG**

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

3003 BEACH DRIVE

83

84 City **TAMPA**

FL

85

Zip Code

33629

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]
Signature, in ink or printed name of registered agent and use if applicable.

(NOTE: Registered Agent signature required when rotating)

3/18/95

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~
NAME ~~FUNG, DAVID~~
STREET ADDRESS ~~11212 NORTH 52ND ST~~
CITY-ST-ZIP ~~TAMPA FL~~

TITLE **SD**
NAME **LIN, CONSTANCE T**
STREET ADDRESS **1903 S. HESPERIDES ST.**
CITY-ST-ZIP **TAMPA FL**

TITLE **TD**
NAME **DANIEL, FAN**
STREET ADDRESS **6236 GREENWICH DR.**
CITY-ST-ZIP **TAMPA FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **WANG, TING-YEUNG**

1.3 STREET ADDRESS **3003 BEACH DRIVE**

1.4 CITY-ST-ZIP **TAMPA, FL 33629**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Constance T. Lin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Constance T. Lin (Secretary)

3/18/95

Date

813-286-1522

Daytime Phone #