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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765962

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

12/03/1982

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

9. Name and Address of Current Registered Agent

MANG, WALLACE
9537 NORCHESTER CIR
TAMPA FL 33647

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
 NAME **MANG, WALLACE**
 STREET ADDRESS **9537 NORCHESTER CIR**
 CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☐ DELETE
 NAME **WANG, TING-YEUNG**
 STREET ADDRESS **3003 BEACH DR.**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE **T** ☒ DELETE
 NAME **CHOW, TAK**
 STREET ADDRESS **22037 BASS PLACE**
 CITY-ST-ZIP **LAND O LAKES FL**

TITLE **S** ☒ DELETE
 NAME **HAN, FRANK**
 STREET ADDRESS **4411 GULFWIND DRIVE**
 CITY-ST-ZIP **TAMPA FL 33549**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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 **HSU, PETER PING**
 3.3 STREET ADDRESS **18301 BIG POND WAY**
 3.4 CITY-ST-ZIP **TAMPA, FL 33647**

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME **S**
 4.3 STREET ADDRESS **SHEAR, DINGHUA**
 4.4 CITY-ST-ZIP **411, PROVIDENCE ROAD, #101 BRANDON, FL 33511**

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 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 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, with all other like empowered.

SIGNATURE: **Wallace Mang (Required)**

2/18/99

813-935-8369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)