FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 08, 2001 8:00 am Secretary of State **DOCUMENT # 765962** 1. Entity Name CHINESE CHRISTIAN ALLIANCE CHURCH OF TAMPA BAY A 02-08-2001 90154 013 ****61.25 Mailing Address Principal Place of Business 312 EAST 127TH AVE 312 EAST 127TH AVE TAMPA FL 33612 TAMPA FL 33612 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2274742 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MANG, WALLACE 9537 NORCHESTER CIR **TAMPA FL 33647** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be **Department of State** Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE ☐ Delete TITLE NAME MANG, WALLACE NAME STREET ADDRESS STREET ADDRESS 9537 NORCHESTER CIR CITY-ST-ZIP CITY-ST-ZIP Tampa FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE PD NAME NAME WANG, TING-YEUNG STREET ADDRESS STREET ADDRESS 3003 BEACH DR. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** M Addition Change TITLE Т Delete TITLE NAME PING: HSU --------NAME PEI-LU COOKE STREET ADDRESS STREET ADDRESS 18301 BIG POND WAY 2030 ELK SPRING DRIVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33647** BRANDON, FL 33511 |X Addition Change TITLE TITLE Delete NAME NAME DINGHUA, SHEAR XIAOCHUAN LI STREET ADDRESS STREET ADDRESS 411 PROVIDENCE ROAD, #101 18403 CANARY LANE, CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 LUTZ, FL 33549 ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

813-972-8400 X 627

Change

Addition