# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 28, 2008 8:00 am**
**Secretary of State**
03-28-2008 90023 032 ****61.25

DOCUMENT # 765962

1. Entity Name
CHINESE CHRISTIAN ALLIANCE CHURCH OF TAMPA BAY AREA, FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 312 EAST 127TH AVE<br>TAMPA, FL 33612 | 312 EAST 127TH AVE<br>TAMPA, FL 33612 |

400330000

01232008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2274742 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| WANG, TING-YUENG<br>5700 MARINER ST.<br>#306<br>TAMPA, FL 33609 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Ting-yeung WANG 3/16/08
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, 2008**

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>YONG, GEOFFREY<br>16012 STAG'S LEAP DR<br>LUTZ, FL 33559 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>WANG, TING-YEUNG<br>5700 MARINER ST. #306<br>TAMPA, FL 33609 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SEAMAN, SAMUEL<br>4325 GROUPER LANE<br>NEW PORT RICHEY, FL 34653 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>LAU, VICTOR<br>8729 Osage Dr.<br>Tampa Fl 33634 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WANG, ALFRED<br>5610 MACALLAN DR<br>TAMPA, FL 33625 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SHEAR, DING-HUA<br>16220 Nottingham Parkway<br>Tampa Fl 33647 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Fui K. Yong 3-16-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #