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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Jul 31, 2003 8:00 am Secrétary of State **DOCUMENT # 765962** 1. Entity Name 07-31-2003 90072 044 ****70.00 CHINESE CHRISTIAN ALLIANCE CHURCH OF TAMPA BAY.A REA, FLORIDA, INC. Principal Place of Business Mailing Address 312 EAST 127TH AVE 312 EAST 127TH AVE **TAMPA FL 33612** TAMPA FL 33612 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2274742 City & State Applied For Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WANG TING-YEUNG MANG, WALLACE Street Address (P.O. Box Number is Not Acceptable) Beach Dr. 9537 NORCHESTER CIR **TAMPA FL 33647** Zip Code 33629 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. ! am familiar with, and accept the obligations of registered agent. WANG TING-YEUNG SIGNATURE (NOTF: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State After September 10, 2003, min will be \$236,25 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete Change TITLE SD TITLE ☐ Addition NAME MANG, WALLACE NAME village DR. 6571 Enclave STREET ADDRESS STREET ADDRESS 9537 NORCHESTER CIR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE PD ☐ Delete TITLE Change ☐ Addition NAME WANG, TING-YEUNG NAME STREET ADDRESS STREET ADDRESS 3003 BEACH DR. CITY-ST-ZIF CITY-ST-ZIE **TAMPA FL 33629** TITLE Delete TITLE ☐ Change ☐ Addition NAME COOKE, PEI LU NAME STREET ADDRESS 2030 ELK SPRING DRIVE STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME XIAOCHUAN, LI NAME STREET ADDRESS 18403 CANARY LANE STREET ADDRESS LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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.

SIGNATURE:

NG YEUNG

727 398 9300