

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000004162

1. Entity Name
CHINA WOMEN'S DEVELOPMENT FOUNDATION, INC.



Principal Place of Business
**2438 S. CONWAY RD., STE 288
ORLANDO, FL 32812**

Mailing Address
**2438 S. CONWAY RD., STE 288
ORLANDO, FL 32812**



04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, MJ
2438 S. CONWAY RD., STE 288
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when retaking)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	WANG, PING
STREET ADDRESS	2438 S. CONWAY RD., STE 288
CITY-STATE-ZIP	ORLANDO, FL 32812
TITLE	VCV
NAME	PARKER, MJ
STREET ADDRESS	2438 S. CONWAY RD., STE 288
CITY-STATE-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	RUTH YAN PRITCHETT
STREET ADDRESS	2438 S. CONWAY RD., STE 288
CITY-STATE-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	DUQUE, LUCIA
STREET ADDRESS	2438 S. CONWAY RD., STE 288
CITY-STATE-ZIP	ORLANDO, FL 32812
TITLE	S
NAME	JU TAO LIAN
STREET ADDRESS	2438 S. CONWAY RD., STE 288
CITY-STATE-ZIP	ORLANDO, FL 32812
TITLE	T
NAME	JIAN JUN LI
STREET ADDRESS	2438 S. CONWAY RD., STE 288
CITY-STATE-ZIP	ORLANDO, FL 32812

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04/29/05-80129-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

MJ Parker, Director - April 27, 2005 (407) 895-9860