

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90039 036 ****61.85

DOCUMENT # N00000000042

1. Entity Name
HUANG FAMILY FOUNDATION, INC.



Principal Place of Business
**1039 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**1039 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE



01202005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3613297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLANAGAN, TIMOTHY L ESQ
PURCEL, FLANAGAN & HAY, P.A.
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204**

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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 reinstating)

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	T
NAME	HUANG, LAWRENCE P
STREET ADDRESS	1039 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	T
NAME	HUANG, NANCY J
STREET ADDRESS	1039 PONTE VEDRA BLVD
CITY-ST-ZIP	PONTE VEDRA, FL 32082
TITLE	T
NAME	IMPEY, KRISTINE A
STREET ADDRESS	208 ODOMS MILL BLVD.
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	T
NAME	HUANG, ADAM M
STREET ADDRESS	788 MILL STREAM ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2005

Date

904-273-1639

Daytime Phone #