

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000055

FILED
Mar 12, 2004
Secretary of State**Entity Name:** NI CHENG HUA TRUST FOUNDATION, INC.**Current Principal Place of Business:**5610 MACALLAN DR
TAMPA, FL 33625**New Principal Place of Business:****Current Mailing Address:**5610 MACALLAN DR
TAMPA, FL 33625**New Mailing Address:****FEI Number:** 59-7120613**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WANG, ALFRED
5610 MACALLAN DR
TAMPA, FL 33625**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: WANG, ALFRED
Address: 5610 MACALLAN DR
City-St-Zip: TAMPA, FL 33625**Title:** D () Delete
Name: LIN, FRED
Address: 2976 ELYSIUM WAY
City-St-Zip: CLEARWATER, FL 34619**Title:** D () Delete
Name: HO, CHIN-FENG
Address: 2275 WILLOWBROOK DR
City-St-Zip: CLEARWATER, FL 34624**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFRED WANG

D

03/12/2004

Electronic Signature of Signing Officer or Director

Date