
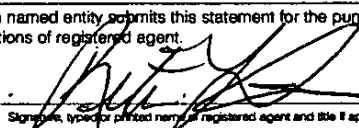



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90053 012 ****61.25

DOCUMENT # N01000004864					
1. Entity Name ASIAN AMERICAN COALITION - PANHANDLE ASSOCIATION, INC.					
Principal Place of Business 2901 KINGSWOOD DRIVE PANAMA CITY, FL 32405			Mailing Address 2901 KINGSWOOD DRIVE PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3748543	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ACOBA, RITA 2901 KINGSWOOD DR. PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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: 					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SD	NAME PERRON, LEONORA	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STEVE AKIYAMA
STREET ADDRESS 5906 IVY RD.	CITY-ST-ZIP PANAMA CITY, FL 32404		STREET ADDRESS 204 POINSETTA DR	CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	
TITLE TD	NAME ACOB, RITA	<input type="checkbox"/> Delete	TITLE V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LEONORA S. PERRON
STREET ADDRESS 2901 KINGSWOOD DR.	CITY-ST-ZIP PANAMA CITY, FL 32405		STREET ADDRESS 5906 IVY RD	CITY-ST-ZIP PANAMA CITY, FL 32404	
TITLE VPD	NAME AKIYAMA, STEVE	<input type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JESSICA CHANG
STREET ADDRESS 204 POINSETTA DR	CITY-ST-ZIP PANAMA CITY BEACH, FL 32413		STREET ADDRESS 7323 S. LAKE JOANNE DR	CITY-ST-ZIP PANAMA CITY, FL 32404	
TITLE P	NAME AKIYAMA, STEVE	<input type="checkbox"/> Delete	TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME KANTANEE COLONEL
STREET ADDRESS 204 POINSETTA DR	CITY-ST-ZIP PANAMA CITY BEACH, FL 32413		STREET ADDRESS 704 S. TYNDALL PARKWAY	CITY-ST-ZIP PANAMA CITY, FL 32404	
TITLE VP	NAME PERRON, LEONORA	<input type="checkbox"/> Delete	TITLE ADD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME RITA ACOBA
STREET ADDRESS 5906 IVY RD	CITY-ST-ZIP PANAMA CITY, FL 32404		STREET ADDRESS 2901 KINGSWOOD DR	CITY-ST-ZIP PANAMA CITY, FL 32405	
TITLE S	NAME CUANG, JESSICA	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME KIRIT PATEL
STREET ADDRESS 7323 S LAKE JOANNE DR	CITY-ST-ZIP PANAMA CITY, FL 32404		STREET ADDRESS 2005 N HARBOUR DR	CITY-ST-ZIP LYNN HARBOR, FL 32444	
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: LEONORA S. PERRON 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					