


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90043 018 ****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
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2. Principal Place of Business - No P.O. Box # 2507 E 9th Circle	3. Mailing Address P.O. BOX 36243
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Panama City, Fl	City & State Panama City, Fl
Zip 32401	Country USA
Zip 32412-6243	Country USA

4010000 -



07052007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent ACOPA, RITA 2901 KINGSWOOD DR. PANAMA CITY, FL 32405		7. Name and Address of New Registered Agent Name LEONORA PERRON Street Address (P.O. Box Number is Not Acceptable) 2507 E. 9th Circle City Panama City FL Zip Code 32401	
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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 LEONORA S. PERRON *Leonora S. Perron* **7/5/07**
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 September 14, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERRON, LEONORA S 5906 IVY RD. PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President LEONORA S. PERRON 2507 E. 9th Circle Panama City, Fl 32401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ACOPA, RITA 2901 KINGSWOOD DR. PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rita Acoba 2901 Kingswood Drive Panama City, Fl 32405 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AKIYAMA, STEVE 204 POINSETTA DR PANAMA CITY BEACH, FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steve Akiyama 204 Poinsetta Dr Panama City Beach, Fl 32413 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, KIRIT 2005 N HARBOUR DR LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kirit Patel 2005 N Harbour Drive Lynn Haven, Fl 32444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLONEL, KANJANEE 704 S TYNDALL PARKWAY PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Kanjane Colonel 704 S. Tyndall Parkway Panama City, Fl 32404 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUANG, JESSICA 7323 S LAKE JOANNE DR PANAMA CITY, FL 32404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Leonora S. Perron* **7/5/07** **849-258-3432**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #