



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90030 046 ****61.25

DOCUMENT # N01000004864					
1. Entity Name ASIAN AMERICAN COALITION - PANHANDLE ASSOCIATION, INC.					
Principal Place of Business 2507 E 9TH CIR PANAMA CITY, FL 32401			Mailing Address PO BOX 36243 PANAMA CITY, FL 32412		
2. Principal Place of Business - No P.O. Box # 5906 Ivy Road		3. Mailing Address P.O. Box 36243			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05152008 Chg-NP CR2E037 (12/06)	
City & State Panama City, FL		City & State Panama City, FL		4. FEI Number 59-3748543	
Zip 32404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACOBA, RITA 2507 E 9TH CIR PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name: Leonora S. Perron Street Address (P.O. Box Number is Not Acceptable): 5906 Ivy Road City: Panama City, FL Zip Code: 32404		
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 <i>Leonora S. Perron</i> 8/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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 V NAME PERRON, LEONORA S STREET ADDRESS 2507 E 9TH CIR CITY-ST-ZIP PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE V NAME Leonora S Perron STREET ADDRESS 5906 Ivy Road CITY-ST-ZIP Panama City, Fl 32404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME ACOB, RITA STREET ADDRESS 2901 KINGSWOOD DR CITY-ST-ZIP PANAMA CITY, FL 32405	<input type="checkbox"/> Delete		TITLE D NAME Rita Acoba STREET ADDRESS 2901 Kingswood Dr CITY-ST-ZIP Panama City, Fl 32405	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME AKIYAMA, STEVE STREET ADDRESS 204 POINSETTA DR CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete		TITLE P NAME Steve Akiyama STREET ADDRESS 204 Poinsetta Dr CITY-ST-ZIP Panama City Beach, Fh 32413	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME PATEL, KIRIT STREET ADDRESS 2005 N HARBOR DR CITY-ST-ZIP LYNN HAVEN, FL 32444	<input type="checkbox"/> Delete		TITLE D NAME Kirit Patel STREET ADDRESS 2005 N Harbor Dr CITY-ST-ZIP Lynn Haven, Fl 32444	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME COLONEL, KANJANEE STREET ADDRESS 704 S TYNDALL PARKWAY CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE T NAME Kanjane Colonel STREET ADDRESS 704 S Tyndall Parkway CITY-ST-ZIP Panama City, Fl 32404	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CUANG, JESSICA STREET ADDRESS 7323 S LAKE JOANNE DR CITY-ST-ZIP PANAMA CITY, FL 32404	<input type="checkbox"/> Delete		TITLE S NAME Jessica Chang STREET ADDRESS 7323 S Lake Joanne Dr CITY-ST-ZIP Panama City, Fl 32404	<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: <i>Leonora S. Perron</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 8/20/08 Daytime Phone #: (850) 258-3432		