

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000000052

1. Entity Name
MING DEH DEVELOPMENT SOCIETY CORPORATION



Principal Place of Business
**6916 18TH AVE. E
BRANDENTON, FL 34208**

Mailing Address
**6916 18TH AVE. E
BRANDENTON, FL 34208**



03232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
95-4360999

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MOHR, JOHNNY
6916 18TH AVE. E
BRADENTON, FL 34208**

**DO NOT WRITE
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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
MOHR, JOHNNY T
6916 18TH AVE. E
BRADENTON, FL 34208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAM, CYNTHIA P
6916 18TH AVE. E
BRADENTON, FL 34208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
MOHR, SELINA P
6916 18TH AVE. E
BRADENTON, FL 34208**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000505760
04/26/06-80128-016 70.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/06 (741) 749-6041
Date Daytime Phone #