## FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90403 029 \*\*\*\*61.25

2006 NOT-FOR-PROFIT CORPORATION

O4-17-2006 9

ANNUAL REPORT							
DOCUMENT # N0300000116							
1. Entity Name JOHN CHANG FOUNDATION, INC.							
001111 01			7				
		Mailing Address			•	4	
9419 SW 56 PLACE Gainesville, Fl 32608		9419 SW 56 PLACE Gainesville, Fl 32608 US			50	01239	Ь
						<b>COLON 1786</b> 1 11868 671	MEL EN CLEA
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072006 Chg-NP CR2E	037 (11/05)	
City & State		City & State			4. FEI Number 11-3672443	<del>     </del>	plied For
Zip	_ Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered	Fee Required  d Agent	<u>,                                      </u>
LAI, JUDITH			Name	Name			
9419 SW 56 PLACE GAINESVILLE, FL 32608			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City		F	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)  Ayr. 7 & 006  DATE							
Filing Fee is \$61.25  9. Election Campaign Financing \$5.00 May Be							
	Due by May 1, 2006	Trust Fund Co			Added to Fees		
10. TITLE	OFFICERS AND DIF		11.		DDITIONS/CHANGES TO OFFICERS AND I		
NAME	CHANG, KU-LANG	☐ Delete	TITLE NAME	Rose	er D Greene	Change	Addition
STREET ADDRESS CITY-ST-ZIP	9419 SW 56TH PLACE GAINESVILLE, FL 32608		STREET ADDRESS CITY-ST-ZIP	56	05 Virginia PKW Ste 3 Kinney, TX 75071-55		
TITLE	VD	□ Delete	TITLE	Div	Cinney, TX 750/1-55,	<u>5-4-</u> □ Change	L Addition
NAME	CHANG, DAYUNG		NAME	Jay	me dam		
STREET ADDRESS CITY-ST-ZIP	9419 SW 56 PLACE GAINESVILLE, FL 32608		STREET ADDRESS CITY+ST-ZIP	(7.)	13 SW 129th Ct ami, FL 83186		
TITLE	TD	☐ Delete	TITLE	20	# Purcel - Director	☐ Change	Addition
NAME STREET ADDRESS	CHANG, PETER DA-CHI 9419 SW 56 PLACE		NAME STREET ADDRESS	Cow	being Ctio		
CITY-ST-ZIP	GAINESVILLE, FL 32608		City-St-Zip		Comboya Parkway		
TITLE	SD	☐ Delete	TITLE	Dir	ector	☐ Change	Addition
NAME STREET ADDRESS	LAI, WILLIAM 9419 SW 56 PLACE		NAME STREET ADORESS	Rel	14 L Starling Lane		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP	Pal		1 334	18
TITLE NAME	D LAI, JUDITH	☐ Delete	TITLE NAME		,	☐ Change	☐ Addition
STREET ADDRESS	9419 SW 56 PLACE		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL 32608	Π	CITY-ST-ZIP				
TITLE NAME	D WEN, ENDDY	Delete .	TITLE NAME			☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	9419 SW 56 PLACE		STREET ADORESS CITY-ST-ZIP				
12. I hereby	GAINESVILLE, FL 32608 certify that the information supplied with	this filing does not qualify for the	he exemptions c	ontained	in Chapter 119, Florida Statutes, I further ce	ertify that the in	formation
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: Judith fai - Director Av. 7,200 6 352-33.6-1508

SIGNATURE and Typed OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Descript Proces