

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002489

FILED
May 25, 2004
Secretary of State**Entity Name:** NATIONAL ASIAN AMERICAN REPUBLICAN COALITION, INC., FLORIDA CHAPTER**Current Principal Place of Business:**4028 DELLBROOK DR
TAMPA, FL 336241836**New Principal Place of Business:****Current Mailing Address:**4028 DELLBROOK DR
TAMPA, FL 336241836**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPRINGSTEEN, KIMI J
4028 DELLBROOK DR
TAMPA, FL 336241836 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: CHAU, AGNES
Address: 1801 E COLONIAL DR STE 168
City-St-Zip: ORLANDO, FL 32803Title: D () Delete
Name: CHAU, THUY-VAN
Address: 16008 BURNHAM WAY
City-St-Zip: TAMPA, FL 33647Title: D () Delete
Name: ENG, EDWARD
Address: 1879 DEAN RD
City-St-Zip: JACKSONVILLE, FL 32216Title: D () Delete
Name: KOH, EDDIE
Address: 6225 OLD PASCO RD
City-St-Zip: WESLEY CHAPEL, FL 33544Title: D () Delete
Name: PARK, JUNG H
Address: 2716 W WATERS AVE
City-St-Zip: TAMPA, FL 33614Title: D () Delete
Name: SPRINGSTEEN, KIM J
Address: 4028 DELLBROOK DR
City-St-Zip: TAMPA, FL 336241836**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMI J SPRINGSTEEN

D

05/25/2004

Electronic Signature of Signing Officer or Director

Date