

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90139 034 ****61.25

DOCUMENT # N03000004684					
1. Entity Name FLORIDA HMONG COMMUNITY, INC.					
Principal Place of Business 13575 58TH ST. N. 127 CLEARWATER, FL 33760			Mailing Address 13575 58TH ST. N. 127 CLEARWATER, FL 33760		
2. Principal Place of Business - No P.O. Box # 13575 58th St. N. Suite, Apt. #, etc. 142		3. Mailing Address 13575 58th St. N. Suite, Apt. #, etc. 142			
City & State Clearwater, FL Zip 33760 Country USA		City & State Clearwater, FL Zip 33760 Country USA		4. FEI Number 37-1484574	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent YANG, SHAWN 1466 ROSETREE CT CLEARWATER, FL 33760					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 DATE 4-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 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 PD NAME YANG, SHAWN STREET ADDRESS 1466 ROSETREE CT. CITY-ST-ZIP CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE SD NAME Blia Yang STREET ADDRESS 1778 Cardinal Dr. N. CITY-ST-ZIP Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME YANG, NOEL STREET ADDRESS 5150 WINTERVILLE RD. CITY-ST-ZIP SPRINGHILL, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME Wang Yang STREET ADDRESS 15980 Verona Ave. CITY-ST-ZIP Clearwater, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME YANG, CHONG CHANG STREET ADDRESS 1316 BEACHWOOD AVE. CITY-ST-ZIP CLEARWATER, FL 33759	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME GARRISON, JOSEPH STREET ADDRESS 416 DOUGLAS AVE. CITY-ST-ZIP DUNEDIN, FL 34698	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME VU, VICTOR STREET ADDRESS 7701 W. KNIGHTS GRIFFIN RD. CITY-ST-ZIP PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME VANG, JOUAPAO STREET ADDRESS 3306 105TH ST. E CITY-ST-ZIP PALMETTO, FL 34221	<input type="checkbox"/> Delete		<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:			Date 4-28-08 Daytime Phone # 727-644-2899		