

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90324 001 ****61.25

DOCUMENT # N03000007749
 1. Entity Name
HUAGEN CHINESE SCHOOL, INC.

Principal Place of Business
 11929 10TH RD
 GAINESVILLE, FL 32606

Mailing Address *N.W.*
 11929 10TH RD
 GAINESVILLE, FL 32606



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04232004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
05-0601821

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

MEI, RENWEI
2216 NW 19TH LANE
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City *Gainesville* FL Zip Code *32606*

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 *Renwei Mei*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MYRON, CHANG	
STREET ADDRESS	1705 NW 22ND ST	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIJUN, CHEN	
STREET ADDRESS	2136 NW 106 DR	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	D	<input type="checkbox"/> Delete
NAME	JIAN, LI	
STREET ADDRESS	2506 NW 19TH WAY	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	LENA, MA	
STREET ADDRESS	4613 NW 31ST DRIVE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	RENEW, MEI	
STREET ADDRESS	2216 NW 19TH LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Helen Chen (Helen Chen)* **4-26-04** **352392184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone