

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

03-07-2005 90290 049 ****61.25

DOCUMENT # N04000001550						
1. Entity Name JACKSONVILLE ASIAN AMERICAN BAR ASSOCIATION, INC.						
Principal Place of Business 4701 US HWY 17, STE 107 ORANGE PARK, FL 32003			Mailing Address 4701 US HWY 17, STE 107 ORANGE PARK, FL 32003			
2. Principal Place of Business 126 W. ADAMS ST. Suite, Apt. #, etc.		3. Mailing Address 126 W. ADAMS ST. Suite, Apt. #, etc.				
City & State JACKSONVILLE, FL Zip 32202		City & State JACKSONVILLE, FL Zip 32202		4. FEI Number 13-4219180		
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AGUILA MARIA, 4701 US HWY 17, STE 107 ORANGE PARK, FL 32003			7. Name and Address of New Registered Agent Name MARIA AGUILA Street Address (P.O. Box Number is Not Acceptable) 126 W. ADAMS ST. City JACKSONVILLE FL Zip Code 32202			
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 <u>Maria Aguila</u> DATE <u>3/3/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)						
Filing Fee is \$61.25 Due by May 1, 2005		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME NGUYEN, THUY-ANH STREET ADDRESS 4309 PABLO OAKS CT, STE FIVE CITY-ST-ZIP JACKSONVILLE, FL 32224	☐ Delete			TITLE NAME MARIA AGUILA STREET ADDRESS 126 W. Adams Street CITY-ST-ZIP Jacksonville, FL 32202	☒ Change ☐ Addition	
TITLE VPS NAME MARQUINES, RODNIE STREET ADDRESS 6320 ST AUGUSTINE RD, BLDG 12 CITY-ST-ZIP JACKSONVILLE, FL 32217	☐ Delete			TITLE NAME THUY-ANH NGUYEN STREET ADDRESS 4446 HENDRICKS AVE., # 409 CITY-ST-ZIP JACKSONVILLE, FL 32207	☒ Change ☐ Addition	
TITLE SD NAME AGUILA, MARIA STREET ADDRESS 4701 US HWY 17, STE 107 CITY-ST-ZIP ORANGE PARK, FL 32003	☐ Delete			TITLE NAME Rodnie Marquez STREET ADDRESS 3733 University Blvd, ste 210B CITY-ST-ZIP Jacksonville, FL 32217	☒ Change ☐ Addition	
TITLE TD NAME WOODS, TALA STREET ADDRESS 1301 RIVERPLACE BLVD, STE 1500 CITY-ST-ZIP JACKSONVILLE, FL 322079000	☐ Delete			TITLE NAME LARRY WANG STREET ADDRESS 3740 ST JOHNS BLUFF RD S STE 1 CITY-ST-ZIP JACKSONVILLE, FL 32224	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Maria Aguila</u>				DATE <u>3/3/05</u> Daytime Phone <u>904-350-8371</u>		