2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/13/2005-90001-010-$61.25-$61.25

FILED
05 OCT 13 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000005168

1. Entity Name

FIRST COAST ASIAN AMERICAN CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE FL 32225	9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE FL 32225

2nd MOORE CR2E037 (5/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0869523 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ASSADOGHLI, MARY G 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE FL 32225	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 _____ President 8/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By September 7, 2005

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

Make Check Payable to Florida Department of State

10. C OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSADOGHLI, MARY G 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE FL 32225 V	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Assadoghli, Mary G. 9951 Atlantic Blvd. #469 Jacksonville, FL 32225	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GOSWAMI, DEV 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE FL 32225 S	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President Lee, Jay 9951 Atlantic Blvd. #469 Jax, FL 32225	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PAPEL, FIDELA A 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE FL 32225 T	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Bontilao, Bob 9951 Atlantic Blvd. #469 Jax, FL 32225	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEE, JAY 9951 ATLANTIC BLVD., STE. 469 JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Fa kumar, Falguni 9951 Atlantic Blvd. #469 Jax, FL 32225	☐ 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	8/10/17	☐ 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: _____ 8/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #