


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000008690	
1. Entity Name UNIVERSITY CAMBODIAN BAPTIST CHURCH INC	

Principal Place of Business 2828 ANNETTE CIRCLE JACKSONVILLE, FL, FL 32216 US	Mailing Address 2828 ANNETTE CIRCLE JACKSONVILLE, FL 32216 US
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01132008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0690965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SENG, SOKKIM 2828 ANNETTE CIR JACKSONVILLE, FL 32216
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**DO NOT WRITE
IN THIS SPACE**

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 _____ 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, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SENG, SOKKIM 2828 ANNETTE CIRCLE JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PRAK, SITH 5972 KRAMER DR JACKSONVILLE, FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIENG, SAMATH 2528 STAPLEFORD LN SAINT AUGUSTINE, FL 32092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/08-80018-011 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Sokkim Seng **SOKKIM SENG** 2-6-08 (904) 342-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #