


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010388		
1. Entity Name SPACE COAST CHINESE AMERICAN ASSOCIATION, INC.		
Principal Place of Business 1210 OLD PARSONAGE DR MERRITT ISLAND, FL 32952	Mailing Address 1210 OLD PARSONAGE DR MERRITT ISLAND, FL 32952	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LINKOUS, LI-CHING 1210 OLD PARSONAGE DR MERRITT ISLAND, FL 32952		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YZZ-PING, WONG 926 MINA AVE NE PALM BAY, FL 32907	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINKOUS, LI-CHING 1210 OLD PARSONAGE DR MERRITT ISLAND, FL 32952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>YZZ-PING WONG</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>7/24/2007</u> Daytime Phone # _____



07102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3511183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/26/07-80006-009 61.25

**DO NOT WRITE
IN THIS SPACE**