

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011948

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: SOUTH EAST ASIA'S HOPE, INC.

## Current Principal Place of Business:

28960 US HWY 19 NORTH  
103  
CLEARWATER, FL 33761

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 8551  
CLEARWATER, FL 33758

## New Mailing Address:

FEI Number: 59-3317828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHMIDT, JOHN PRES  
28960 US HWY 19 NORTH  
SUITE 103  
CLEARWATER, FL 33761 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SCHMIDT, JOHN  
Address: 810 MEADOW LANE  
City-St-Zip: WOOSTER, OH 44691

Title: BM ( ) Delete  
Name: HAMILTON, SCOTT W ESQUIRE  
Address: 2400 MANATEE AVE. W.  
City-St-Zip: BRADENTON, FL 34205

Title: BM ( ) Delete  
Name: BULLIAN, AARON T  
Address: 6202 NORTH HIMES AVE.  
City-St-Zip: TAMPA, FL 33614

Title: BM ( ) Delete  
Name: JOY, COREY  
Address: 8933 ST. ANDREWS DR.  
City-St-Zip: SEMINOLE, FL 33777

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M SCHMIDT

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date