2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004819

FILED Jan 06, 2009 Secretary of State

Entity Name: ASIAN NEIGHBORHOOD FAMILY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 4255 56TH AVE N ST PETERSBURG, FL 33714 **Current Mailing Address: New Mailing Address:** 4255 56TH AVE N ST PETERSBURG, FL 33714 FEI Number: 20-2852969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHANCE, CAROLYN LE, MAN M 138 45TH AVE N 4255 56TH AVE NORTH ST PETERSBURG, FL 33703 US ST PETERSBURG, FL 33714 US 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: CAROLYN CHANCE 01/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LE, MAN M Name: Name: 1801 62ND AVE N Address: Address: City-St-Zip: ST PETERSBURG, FL 33702 City-St-Zip: Title: () Delete Title: () Change () Addition PHOMMALEUTH, LADDAVANH Name: Name: Address: 4950 W. KENNEDY BLVD Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: Title: () Change () Addition () Delete DANG, KATHY Name: Name: Address: 3836 43RD TERR N Address: City-St-Zip: ST PETERSBURG, FL 33714 City-St-Zip: Title: () Delete Title: (X) Change () Addition STUCKEY, MIKE Name: Name: THOMPSON, LARRY Address: 405 CENTRAL AVE Address: 4360 55TH AVENUE NORTH City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: ST. PETERSBURG, FL 33714 Title: () Delete Title: (X) Change () Addition WARNER, MICHAEL ADAMS, JULIE Name: Name: 100 N. STARCREST DR. 5040 48TH TERRANCE NORTH Address: Address: City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: ST. PETERSBURG, FL 33714 Title: () Delete Title: () Change (X) Addition MILLICAN, JIM Name: Name: Address: Address: 4360 55TH AVENUE NORTH ST. PETERSBURG, FL 33714 City-St-Zip: 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: MAN LE P 01/06/2009