

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90096 012 ****61.25

DOCUMENT # N05000008159

1. Entity Name
BURMESE ASSEMBLY OF GOD, INC.



Principal Place of Business
**251 SW 11 AVENUE
FORT LAUDERDALE, FL 33312 US**

Mailing Address
**251 SW 11 AVENUE
FORT LAUDERDALE, FL 33312 US**

60011111



2. Principal Place of Business - No P.O. Box #

2699 W. Commercial Blvd

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6442

Suite, Apt. #, etc.

01252007 Chg-NP CR2E037 (12/06)

City & State

Ft. Lauderdale FLA

Zip

33309

Country

USA.

City & State

Lake Worth. Fla

Zip

33466

Country

USA

4. FEI Number
20-3266410

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PAU, DO S
251 SW 11 AVENUE
FORT LAUDERDALE, FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2699 W. Commercial Blvd.

City

Fort Lauderdale

FL

Zip Code

33466

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PAU, DQS**
STREET ADDRESS **251 SW 11 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **DIR** ☐ Delete
NAME **MUNG, GIN Z**
STREET ADDRESS **251 SW 11 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **DIR** ☐ Delete
NAME **MUNG, LANG SUAN**
STREET ADDRESS **251 SW 11 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **DIR** ☐ Delete
NAME **DAL, ZAM L**
STREET ADDRESS **251 SW 11 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **DIR** ☐ Delete
NAME **BRANGSHAWNG, MARAN**
STREET ADDRESS **251 SW 11 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

TITLE **DIR** ☐ Delete
NAME **DAL, NANG L**
STREET ADDRESS **251 SW 11 AVENUE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33312**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2699 W. Commercial Blvd**
CITY-ST-ZIP **Ft. Lauderdale FL. 33466**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2699 W. Commercial Blvd**
CITY-ST-ZIP **Ft. Lauderdale FL. 33466**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2699 W. Commercial Blvd**
CITY-ST-ZIP **Ft. Lauderdale FL. 33466**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **2699 W. Commercial Blvd.**
CITY-ST-ZIP **Ft. Lauderdale, FL. 33466.**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2699 W. Commercial Blvd**
CITY-ST-ZIP **Ft. Lauderdale FL. 33466**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2699 W. Commercial Blvd**
CITY-ST-ZIP **Ft. Lauderdale FL. 33466**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.24.067

Date

Daytime Phone #