2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004678

FILED Jul 20, 2007 Secretary of State

Entity Name: FIRST COAST ASIAN AMERICAN FOUNDATION, INC.

	rincipal Place of Business:	New Principal Place of Business:	
	NTIC BLVD. SUITE 469 VILLE, FL 32225		
Current M	ailing Address:	New Mailing Address:	
	NTIC BLVD. SUITE 469 VILLE, FL 32225		
	FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation d Address of Current Registered Agent	·)
PAPEL, NE 10335 RIPI JACKSON' The above	ESTOR I PLE RUSH DR W VILLE, FL 32257 US named entity submits this statement for t	ne purpose of changing its registered office or registered agent, or b	ooth,
	e of Florida.		
SIGNATUF	RE: Electronic Signature of Registered	Agent Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS
Γitle: √ame: ∖ddress:	P () Delete EANG, BUNTHAN 731ACAPULCO ROAD JACKSONVILLE, FL 32212	Title: () Change () Addition Name: Address:	
City-St-Zip:		City-St-Zip:	
City-St-Zip: Fitle: Name: Address: City-St-Zip:	T () Delete CHU, GLORIA 10234 CYPRESS LAKES DRIVE JACKSONVILLE, FL 32256	Title: () Change () Addition Name: Address: City-St-Zip:	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	T () Delete CHU, GLORIA 10234 CYPRESS LAKES DRIVE	Title: () Change () Addition Name: Address:	
Fitle: Name: Address:	T () Delete CHU, GLORIA 10234 CYPRESS LAKES DRIVE JACKSONVILLE, FL 32256 S () Delete FLIPPIN, DOREEN 9118 SPINDLETREE WAY	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Address:	T () Delete CHU, GLORIA 10234 CYPRESS LAKES DRIVE JACKSONVILLE, FL 32256 S () Delete FLIPPIN, DOREEN 9118 SPINDLETREE WAY JACKSONVILLE, FL 32256 C () Delete PAPEL, NESTOR 10335 RIPPLE RUSH DRIVE	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: NATHAN SIVA MR 07/20/2007