

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 A
Secretary of State

DOCUMENT # N06000004724

1. Entity Name

SARASOTA CHINESE ACADEMY, INC.



Principal Place of Business

1201 N. BENEVA RD
SARASOTA, FL 34232 US

Mailing Address

567 PINE RANCH EAST RD.
OSPREY, FL 34229



01112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-4888850

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YIN, JINBO
567 PINE RANCH EAST RD.
OSPREY, FL 34229

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YIN, JINBO
STREET ADDRESS	567 PINE RANCH EAST RD.
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	ST DENIS, LARIE
STREET ADDRESS	1545 OAK WAY
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VD
NAME	WEN, HUI-MIN
STREET ADDRESS	11216 BLUE SAGE PLACE
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	T
NAME	YE, LIN
STREET ADDRESS	4523 TUSCANA DR
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	SD
NAME	HU, KEVIN C
STREET ADDRESS	7357 FEATHERSTONE BLVD.
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000792378
01/24/08-80005-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1-13-08