

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004295

FILED
Apr 30, 2009
Secretary of State

Entity Name: FALUN DAFA PRACTITIONERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

10033 ML KING STREET NORTH
SUITE #108
SAINT PETERSBURG, FL 33716

New Principal Place of Business:

8718 ORIENT WAY NE
SAINT PETERSBURG, FL 33702

Current Mailing Address:

8718 ORIENT WAY NE
SAINT PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 26-2529031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID W. LEE, P.A.
10033 ML KING ST. N.
SUITE 106
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

DAVID W. LEE, P.A.
9800 4TH ST. N.,
307
ST. PETERSBURG, FL 33702 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: DAVID LEE

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D.P () Delete
Name: LEE, DAVID W
Address: 8718 ORIENT WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: D.VP () Delete
Name: YEH, KUO-PIN
Address: 14413 AUDUBON TRACE #811
City-St-Zip: TAMPA, FL 33613

Title: D.VP () Delete
Name: LIU, XUEWU
Address: 1601 ROSERY ROAD NE
City-St-Zip: LARGO, FL 33771

Title: D.VP () Delete
Name: GREEN, MARCUS A
Address: 10033 ML KING ST. N. #108
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D.TR () Delete
Name: XIA, SHUQIN
Address: 7600 SW 82ND ST. APT.#J214
City-St-Zip: MIAMI, FL 33143

Title: SEC () Delete
Name: LUO, MENGJUN
Address: 8718 ORIENT WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33702

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: D.VP (X) Change () Addition
Name: HU, JIAN
Address: 1338 N.W. 78TH AVENUE
City-St-Zip: MIAMI, FL 33126

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: DAVID W. LEE

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date