

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

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N08461

1. Entity Name
ASIA SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business
**P.O. BOX 814
WINTER PARK, FL 32790**

Mailing Address
**P.O. BOX 814
WINTER PARK, FL 32790**



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2507148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WARD, TAYLOR D
1539 GLENCOE ROAD
WINTER PARK, FL 32789**

**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 re-registering)

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	D
NAME	VAN BREEMAN, JOHN
STREET ADDRESS	2599 VIA TUSCANY
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	VP
NAME	WARD, TAYLOR D
STREET ADDRESS	1539 GLENCOE RD.
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	TD
NAME	BUTTERFIELD, GAIL
STREET ADDRESS	723 SYBILWOOD CIR.
CITY - ST - ZIP	WINTER SPRINGS, FL 32708
TITLE	SD
NAME	BUTTERFIELD, GEORGE
STREET ADDRESS	723 SYBILWOOD CIR.
CITY - ST - ZIP	WINTER SPRINGS, FL 32708
TITLE	P
NAME	SULLIVAN, GENE
STREET ADDRESS	2423 VIA SIENNA
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/16/08-80019-014 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 #

4/23/08 407-699-9279