



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90059 022 ****61.25

| | | | | | |
|---|--|---|---|--|---|
| DOCUMENT # N31079 1. Entity Name THE MIAMI CHINESE ALLIANCE CHURCH INCORPORATED | | | |  | |
| Principal Place of Business P O BOX 560144 MIAMI, FL 33256 US | | | Mailing Address P O BOX 560144 MIAMI, FL 33256 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 01142004 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-0910355 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent TSUI, FU-LUH 8267 SW 128TH ST #116 MIAMI, FL 33156 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | | DATE | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD TSUI, FU-LUH 8267 SW 128TH ST #116 MIAMI, FL 33156 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WANG, FRANK 5384 NW 106TH CT MIAMI, FL 33178 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Fengyuan Yu 490 Silver Palm Way weston, FL 33327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WONG, CHU-MING 8818 SW 72 ST., F335 MIAMI, FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Shaw-Jee Yeh 16241 SW 85 CT Miami, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YANG, DE-WEI 10233 SW 157TH COURT MIAMI, FL 33196 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Fu-Luh Tsui</i> Fu-Luh Tsui | | | 1.23. 2004 | | 305-2327320 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date | | Daytime Phone # |