

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N34363

FILED
Jan 10, 2009
Secretary of State

Entity Name: CAMBODIAN ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

8540 LINCOLNSHIRE RD. W.
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

Current Mailing Address:

CAMBODIAN ASSOCIATION OF JACKSONVILLE
PO BOX 440249
JACKSONVILLE, FL 32222 US

New Mailing Address:

CAMBODIAN ASSOCIATION OF JACKSONVILLE
5580 ASHLEIGH PARK DRIVE
JACKSONVILLE, FL 32244 US

FEI Number: 59-2967415 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NEAK, KHAVEN MR.
5580 ASHLEIGH PARK DR.
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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: KHAVEN NEAK

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THAM, MARGARET MRS.
Address: 8049 SABLE CREEK DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: VP () Delete
Name: MAY, THIRITH MR.
Address: LINCOLNSHIRE ROAD W.
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: S/D () Delete
Name: NEAK, KHAVEN MR.
Address: 5580 ASHLEIGH PARK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: T () Delete
Name: POLLY, MITH MRS.
Address: 1462 STARBOARD CT.
City-St-Zip: ORANGE PARK, FL 32003 US

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: T (X) Change () Addition
Name: SAY, LOK MR.
Address: 733 INDIGO RUN DR.
City-St-Zip: JACKSONVILLE, FL 32218 US

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: KHAVEN NEAK

S/D

01/10/2009

Electronic Signature of Signing Officer or Director

Date