


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90042 029 ****61.25

DOCUMENT # N40485 1. Entity Name THE TAIWANESE ASSOCIATION OF TAMPA BAY, INC.			
Principal Place of Business 2314 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 US		Mailing Address 2314 MESSENGER CIRCLE SAFETY HARBOR, FL 34695 US	
2. Principal Place of Business 586 CYPRESS LANE Suite, Apt. #, etc.		3. Mailing Address 586 CYPRESS LANE Suite, Apt. #, etc.	
City & State LUTZ, FL		City & State LUTZ, FL	
Zip 33548		Country HILLSBOROUGH	
4. FEI Number 59-3032698		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HWANG, CHARLES 2314 MESSENGER CIRCLE SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name SAN FU LEE Street Address (P.O. Box Number is Not Acceptable) 586 CYPRESS LANE City LUTZ FL Zip Code 33548	
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 CHAOTE YAO <i>[Signature]</i> 3/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME LEE, HSEUH H STREET ADDRESS 586 CYPRESS LANE CITY-ST-ZIP LUTZ, FL 33548	<input checked="" type="checkbox"/> Delete	TITLE VP NAME LI-SHYAN MING STREET ADDRESS 2638 GOLDEN ANTLER LANE CITY-ST-ZIP LUTZ FL 33559	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HUANG, S C STREET ADDRESS 1604 WOODSIDE DR CITY-ST-ZIP WESLEY CHAPEL, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE D NAME CHAOTE YAO STREET ADDRESS 18320 CYPRESS VIEW WAY CITY-ST-ZIP TAMPA FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME CHIOU, JANE STREET ADDRESS 9701 FOX CHAPEL ROAD CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE D NAME JULIA HWANG STREET ADDRESS 2314 MESSENGER CIRCLE CITY-ST-ZIP SAFETY HARBOR, FL 34695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME KUO, SUE STREET ADDRESS 2713 FALLING LEAVES DRIVE CITY-ST-ZIP VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE D NAME MARY LYU STREET ADDRESS 1531 DEER BOURNE DR. CITY-ST-ZIP WESLEY CHAPEL, FL 33543	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME CHEN, HSUEH-HSIANG STREET ADDRESS 586 CYPRESS LANE CITY-ST-ZIP LUTZ, FL 33549	<input checked="" type="checkbox"/> Delete	TITLE D NAME HUEY-JEN CHEN STREET ADDRESS 11509 HUMBER PLACE CITY-ST-ZIP TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Change <input checked="" 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>[Signature]</i> CHAOTE YAO 3/27/05 813-983-1009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF Sponsoring OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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