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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90213 065 ****61.25

04-27-1999 90213 066 *****8.75

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43410

1. Corporation Name

**CAMBODIAN AMERICAN ASSISTANT ASSOCIATION OF FLO
 RIDA, INC.**

Principal Place of Business

5371 68TH STREET NORTH
 ST. PETERSBURG FL 33709

Mailing Address

5371 68TH STREET NORTH
 ST. PETERSBURG FL 33709



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/15/1991

4. FEI Number

59-3073989

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

SALY, BUN JOHN
5371 68TH STREET NORTH
ST. PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP**
SALY, BUN JOHN
 STREET ADDRESS **5371 68TH STREET NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **DS**
MENE, SOBINAMEY
 STREET ADDRESS **6173 71ST ST. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **DV**
LON, PENH
 STREET ADDRESS **2600 35TH ST N**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE ☐ DELETE

NAME **T**
MEN, MON
 STREET ADDRESS **2419 16TH AVE N**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bun John Saly / President / **BUN JOHN SALY**

4/14/99

(727) 545-4778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)