FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State **DIVISION OF CORPORATIONS**

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DOCUMENT #
1. Corporation Name N45429

(0)

CORAL SPR	NINGS CHINES	SE CULTURE	ASSOCIATION.	INC.

CORAL	. Springs Chinese Cult	URE ASSOCIATION, IN	NC.				
Principal Place	of Business	Mailing Address				IIM IMII MAMAK MININ MININ	EIMIE MEDEL MEDIL INGE
1765 EAGLE CORAL SPRII	TRACE BLVD. NGS FL 33071	9110 NW 53 STREET CORAL SPRINGS FL 33I US	067				
					3. Date Incorporated or Qualified 10/03/1991		Last Report 1/1995
	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0288150		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		_		5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State	Э	City & State			Election Campaign Financing	_ \$	5.00 May Be
23		28			Trust Fund Contribution Added to Fe		
Zip	Country	Zip	Countr	У		This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Currer	29	[30]		Florida Statutes	Yes No	
	5. Name and Address of Corre	it negistered Agent	8	Name	10. Name and Address of New	registered Agen	
OUAO 1	FAI CASE		Ľ				
CHAO, 1			8:	Street A	address (P.O. Box Number is Not Accepta	ible)	
	GLE TRACE BLVD. SPRINGS FL 33071		8	+			
CORAL	SPRINGS PL 33U/ I			[
			8-	City		FL 85	Zip Code
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508. Florida Statute	s the above	-named co	rporation submits this statement for the p	uroose of changion	ite registered office
or register	ed agent, or both, in the State of Flori	da. Such change was authorize	d by the cor	poration's I	poard of directors. I hereby accept the ap	pointment as regist	ered agent. I am
	th, and accept the obligations of Sect	ion 617.0503, Florida Statutes.	OHAN	11/02	CCT AIP	11.01	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NO)	E Registered Ag	act signature re	guired when reinstating?	1-10-70	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		DIRECTOR	∑ Cha	inge 🔲 Addition
NAME	LUU, THANH		1.2 NAME		LULL, THANH	•	
STREET ADDRESS	9202 NW 48TH STREET		1.3 STRE	T ADDRESS	9202 NW 48 57.		
CITY - ST - ZIP	Sunrise Fl		1.4 City		LUL, THANH AST. 9202 NW 48th ST. SUNRISE, FL		
TITLE	Р	DELETE	2 1 TITLE		VICE - PRESENT	☐ Cha	inge 🗶 Addition
NAME	YUAN, CAROL		2 2 NAME		TOMMY LAM 2484 NW 88 TERR.		
STREET ADDRESS	1121 NW 78TH AVENUE		23 STRE	T ADDRESS	2484 NW 98 ICER.		
CITY-ST-ZIP	PLANTATION FL		2. 4 CITY	- ST - ZIP	CORAL SPRINGS, FL		
TITLE	SVD	☐ DÉLÉTE	3 1 TITLE		PRESIDENT	K Cha	inge 🔲 Addition
NAME	FENG, JAMES		3.2 NAME		FENG JAMES		
STREET ADDRESS	1873 NW 113TH WAY		3 3 STRE	T ADDRESS	1873 113 Ithway		
CITY-ST-ZIP	CORAL SPRINGS FL		34 CITY		CORAL SPRINGS, FL		
TITLE	D	DELETE	4 1 TITLE			☐ Cha	inge 🛄 Add/tion
NAME -1	CHIU, LUNG		4. 2 NAM	E			
STREET ADDRESS	9110 NW 53RD STREET		4.3 STRE	T ADDRESS			
CITY - ST - ZIP	CORAL SPRINGS FL	□ DELETE	4.4 CHY-				
TITLE	0	DELETE	5 1 TITLE			Cha	inge 🔲 Addition
NAME	CHAO, TAI-SAN		5 2 NAME				
STREET ADDRESS	1765 EAGLE TRACE BLVD			T ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL	Doctor	5.4 CITY			—	
TITLE	D VIAM CHECTED	DELETE	61 TITLE			Cha	inge 🔲 Addition
NAME OFFICE ADODESIS	YUAN, CHESTER		62 NAME				
STREET ADDRESS	1121 NW 78TH AVENUE			T ADDRESS			}
CITY-ST-ZIP	PLANTATION FL by certify that the information sumplied	with this films is voluntarily from:	64 CITY		ity for the evernation stated in Section 11	0.02(0)((A. E)	11. 4-2 (4.4)

not instead certify that the information supplied with this liting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Legting Phone #