

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001798

FILED
Apr 19, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA CHINESE ASSOCIATION CORP.

Current Principal Place of Business:

8213 SOUTHWIND BAY CIRCLE
FORT MYERS, FL 33908 US

New Principal Place of Business:

Current Mailing Address:

8213 SOUTHWIND BAY CIRCLE
FORT MYERS, FL 33908 US

New Mailing Address:

FEI Number: 65-0536430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENG, COLIN G
8213 SOUTHWIND BAY CIRCLE
FORT MYERS, FL 33908 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: FENG, COLIN
Address: 8213 SOUTHWIND BAY CIR
City-St-Zip: FORT MYERS, FL 33908

Title: MS () Delete
Name: BUTLER, YU JUAN
Address: 8460 SOUTH WIND BAY CR.
City-St-Zip: FT. MYERS, FL 33908

Title: MS () Delete
Name: WOZNAK, MEI N
Address: 385 TERRACINA WAY
City-St-Zip: NAPLES, FL 34119

Title: MS () Delete
Name: WINBORN, CAROLLA
Address: 1912 NIN EMBEAS TEAR
City-St-Zip: CAPE CORAL, FL 33993

Title: MR. () Delete
Name: MA, JERRY
Address: 21220 WAYMOUTH RUN
City-St-Zip: ESTERO, FL 33928

Title: DR. () Delete
Name: BORGIA, DAN
Address: 177 5TH STREET
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DR. (X) Change () Addition
Name: JIANG, MINGMING
Address: 13274 LAZZARO COURT
City-St-Zip: ESTERO, FL 33928

Title: MS. (X) Change () Addition
Name: SMITH, KRISTIE
Address: 219 PURDUE STREET
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MS (X) Change () Addition
Name: LAU, CONNIE
Address: P.O. BOX 60303
City-St-Zip: FORT MYERS, FL 33906

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: COLIN FENG

DR.

04/19/2009

Electronic Signature of Signing Officer or Director

Date