

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90009 039 ****75.00

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1. Entity Name

THE SUPREME MASTER CHING HAI INTERNATIONAL
ASSOCIATION IN FLORIDA INC.



Principal Place of Business

4965 SHORELINE CIRCLE
SANFORD FL 32771
US

Mailing Address

PO BOX 244
OKAHUMPKA FL 34762
US

04054012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

ATTN: PATRICK WINKLER

Suite, Apt. #, etc.

P.O. BOX 492852

City & State
LEESBURG, FL

Zip

34749

Country

USA

4. FEI Number

59-3277772

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E037 (11/03)



6. Name and Address of Current Registered Agent

HAN, SHIN-K
4965 SHORELINE CIR
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME HUNG, KUO-CHING
STREET ADDRESS P.O. BOX 244, N/A
CITY-ST-ZIP OKAHUMPKA FL 34762 ☐ Delete

TITLE D
NAME HUANG, FENG-MING
STREET ADDRESS P.O. BOX 244, N/A
CITY-ST-ZIP OKAHUMPKA FL 34762 ☐ Delete

TITLE D
NAME YANG, TE
STREET ADDRESS P.O. BOX 244, N/A
CITY-ST-ZIP OKAHUMPKA FL 34762 ☐ Delete

TITLE TD
NAME KUO, CHING TENG
STREET ADDRESS P.O. BOX 244, N/A
CITY-ST-ZIP OKAHUMPKA FL 34762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE M
NAME PATRICK WINKLER
STREET ADDRESS P.O. BOX 492852
CITY-ST-ZIP LEESBURG, FL, 34749 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

PATRICK WINKLER

05-10-04 352-406-7345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #