

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90256 034 ****70.00

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1. Corporation Name

**ASIAN FAMILY AND COMMUNITY EMPOWERMENT CENTER, I
NC.**

Principal Place of Business
689 9TH ST. N.
ST. PETERSBURG FL 33734-7881

Mailing Address
P.O. BOX 7881
ST. PETERSBURG FL 33734-7881



2. Principal Place of Business 21 2201 First Avenue North Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 7881 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/15/1994	
22 City & State 23 St Petersburg, Florida		27 City & State 28 St Petersburg, Florida		4. FEI Number 59-3252723	
24 33713		29 33734-7881		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BUN HAP, PRAK
689 9TH STREET NORTH
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name PRAK, BUN HAP	85 Zip Code 33713
82 Street Address (P.O. Box Number is Not Acceptable) 2201 1st Avenue North	
83	
84 City St Petersburg	

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

Bun Hap Prak

Bun Hap Prak

4-21-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INGALLIS, THANH D 5944 34TH ST N. ST. PETERSBURG FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D SD TURNER, RASHANEE 33825 US Highway 19 North Palm Harbor, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DARAPHET, BOUNMA 2842 20TH AVE N. ST. PETERSBURG FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D GEHM, JOHN P. 7080 41st Street North Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOUK, THOMAS 8688 68TH STREET N. ST. PETERSBURG FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	PD INGALLS, THANH DONG 5944 34th Street North St Petersburg, FL 33714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PRAK, BUN HAP 689 9TH ST. N. ST. PETERSBURG FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD WITSIL, KEIKO 2146 Dartmouth North St Petersburg, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WITSIL, KEIKO 2146 Dartmouth Avenue North St Petersburg, FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD SOUK, THOMAS 8688 68th Street North Pinellas Park, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	MD PRAK, BUN HAP 2201 1st Avenue North, St Petersburg, FL 33713

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 21, 1999

Date

Daytime Phone #

CR2E037 (11/98)