

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N94000003027** ✓

1. Entity Name

ASIAN FAMILY & COMMUNITY EMPOWERMENT CENTER, INC.

Principal Place of Business

2201, FIRST AVE NORTH
ST PETERSBURG FL. 33713-8816

Mailing Address

SAME

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

ST PETERSBURG FLORIDA

City & State

SAME

Zip

33713-8816

Country

USA

Zip

SAME

Country

PINELLAS

4. FEI Number

59-5232723

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0032673

6. Name and Address of Current Registered Agent

BUN HAP PRAK
2201 FIRST AVE N
ST PETERSBURG, FL 33713

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WITSIL, KEIKO 2146 Dartmouth Avenue North St Petersburg FL 33713 (Deceased)	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list for additional members of the Board	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	same SOUK, THOMAS 8688, 68th Street North Pinellas Park FL 33781 (President)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHEA SCOTT 9990, 58th Street North Pinellas Park FL 33782 (Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	same INGALLS THANH 5944, 34th Street North St Petersburg FL 33714 (Treasurer)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	address TURNER RASHANEE 2519 McMullin Booth Rd # 510195 Clearwater FL 33761 (Secretary)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUN HAP PRAK 2201 First Avenue North (Exofficio) St Petersburg FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANCOL AMY 7080 41st Street North Pinellas Park FL 33781 (Deputy Treasurer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Thanh Ingalls (Treasurer) Feb 13th 2001 (727)526 4327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)