

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000003027

1. Entity Name
**ASIAN FAMILY AND COMMUNITY EMPOWERMENT
CENTER, INC.**



FILED

04 DEC -1 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06302004 Chg-NP CR2E037 (10/03)

Principal Place of Business
**2201 FIRST AVE N.
SAINT PETERSBURG, FL 33713-8816 US**

Mailing Address
**2201 FIRST AVE N.
SAINT PETERSBURG, FL 33713-8816 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-5232723	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

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
State **FL** Zip Code

REINSTATEMENT

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]* DATE 11/29/04

Signature, typed or printed name of registered agent and is applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUK, THOMAS 8688 68TH STREET NORTH PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHEA, SCOTT 9990 58TH STREET NORTH PINELLAS PARK, FL 33782 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INGALLS, THANH DONG 5944 34TH STREET NORTH SAINT PETERSBURG, FL 33714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD PRAK, BUN HAP 2201 FIRST AVE N. ST. PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANCOL, AMY 7080 41ST STREET NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUK, THOMAS 8688 68TH STREET N PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAD MANCOL, AMY 7080 41ST STREET N PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD INGALLS, THANH 5944 34TH STREET N ST PETERSBURG, FL 33714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANCOL, AMY 7080 41ST STREET N PINELLAS PARK, FL 33781 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: *[Signature]* DATE 07/08/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR