

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003027

FILED
May 01, 2009
Secretary of State

Entity Name: ASIAN FAMILY AND COMMUNITY EMPOWERMENT CENTER, INC.

Current Principal Place of Business:

6688 68TH STREET N
PINELLAS PARK, FL 33782 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 15303
CLEARWATER, FL 33766 US

New Mailing Address:

FEI Number: 59-5232723 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUN HAP, PRAK
167 WOODCREEK DR W
SAFETY HARBOR, FL 34695 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: PD () Delete
Name: SOUK, THOMAS
Address: 8688 68TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: SD () Delete
Name: SOUNDARA, THONGLO
Address: 2426 36TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33713

Title: VPTD () Delete
Name: DETSADA, KHAMPHET
Address: 4724 58TH AVE NORTH
City-St-Zip: ST PETERSBURG, FL 33714

Title: VPMD () Delete
Name: PRAK, BUN HAP
Address: 167 WOODCREEK DRIVE WEST
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BUNHAP PRAK

VPMD

05/01/2009

Electronic Signature of Signing Officer or Director

Date