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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003054 (3)

1. Corporation Name

CLEARWATER HMONG ALLIANCE CHURCH, INC.

Principal Place of Business

C/O LARGO ALLIANCE CHURCH
1633 LAKE AVE
LARGO FL 34641

Mailing Address

P O BOX 5741
CLEARWATER FL 34618-9998



3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

XIONG, KHU X
64-K TANGLEWOOD DR W
CLEARWATER FL 34619

81 Name

Rev. CHONG SHOU YANG

82

Street Address (P.O. Box Number is Not Acceptable)
2960-B Tanglewood Dr. S

83

Clearwater, FL

34619

84

City

FL

85 Zip Code

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

Chong S. Yang
Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5.22.96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME XIONG, XAY KHU
STREET ADDRESS 64 K TANGLEWOOD DRIVE WEST
CITY-STATE-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME XIONG, TONG XENG
STREET ADDRESS 735 ELM STREET
CITY-STATE-ZIP SAFETY HARBOR FL

TITLE S ☐ DELETE

NAME XIONG, XANG
STREET ADDRESS 735 ELM STREET
CITY-STATE-ZIP SAFETY HARBOR FL

TITLE T ☐ DELETE

NAME XIONG, XIA
STREET ADDRESS 5721 157 AVENUE NORTH
CITY-STATE-ZIP CLEARWATER FL

TITLE VT ☐ DELETE

NAME XIONG, NOU CHER
STREET ADDRESS 3815 SR 39TH NORTH
CITY-STATE-ZIP PLANT CITY FL

TITLE D ☐ DELETE

NAME XIONG, JOU SU
STREET ADDRESS 1101 E COLSOM ROAD
CITY-STATE-ZIP PLANT CITY FL

1.1 TITLE

D Pastor ☒ Change ☐ Addition

1.2 NAME

CHONG SHOU YANG

1.3 STREET ADDRESS

2960-B Tanglewood Dr. S

1.4 CITY-STATE-ZIP

Clearwater, FL 34619

2.1 TITLE

D Elder ☐ Change ☐ Addition

2.2 NAME

TONG XENG XIONG

2.3 STREET ADDRESS

735 Elm St

2.4 CITY-STATE-ZIP

Safety Harbor FL 34695

3.1 TITLE

D Elder ☒ Change ☐ Addition

3.2 NAME

JACQUES MOUA

3.3 STREET ADDRESS

712 Elm St

3.4 CITY-STATE-ZIP

Safety Harbor, FL 34695

4.1 TITLE

S Secretary ☒ Change ☐ Addition

4.2 NAME

CHANG CHENG YANG

4.3 STREET ADDRESS

2958-C Sandlewood Dr. E

4.4 CITY-STATE-ZIP

Clearwater, FL 34619

5.1 TITLE

T Treasurer ☒ Change ☐ Addition

5.2 NAME

NOU CHER XIONG

5.3 STREET ADDRESS

3815 S.R 39th N.

5.4 CITY-STATE-ZIP

Plant City, FL 33565

6.1 TITLE

500001849345 ☐ Change ☐ Addition

6.2 NAME

-06/04/96--01022--028

6.3 STREET ADDRESS

***70.00

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Chong Shou Yang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)