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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 34641
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3. Date Incorporated or Qualified 06/21/1994
4. FEI Number 59-3240434
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent YANG, REV CHONG S 2960-B TANGLEWOOD DR. S CLEARWATER FL 34619	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANG, CHONG S	1.2 NAME	XIONG, TONG X.
STREET ADDRESS	2960-B TANGELWOOD DR. S	1.3 STREET ADDRESS	2738 AVOCADO DR.
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	Vice chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XIONG, TONG XENG	2.2 NAME	YANG, DAVID G.
STREET ADDRESS	2738 AVOCADA DR	2.3 STREET ADDRESS	735 ELM STREET
CITY-ST-ZIP	CLEARWATER FL 34619	2.4 CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANG, DAVID	3.2 NAME	XIONG, NOU CHER
STREET ADDRESS	735 ELM ST	3.3 STREET ADDRESS	14800 SUNSET ST.
CITY-ST-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Treasure <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUA, JOCQUES	4.2 NAME	XIONG, XIA
STREET ADDRESS	712 ELM ST	4.3 STREET ADDRESS	5816 157 TH AVE.
CITY-ST-ZIP	SAFETY HARBOR FL 34695	4.4 CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	assitant treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XIONG, NOU CHER	5.2 NAME	XIONG, XAY
STREET ADDRESS	3815 SR 39TH NORTH	5.3 STREET ADDRESS	2853 EDENWOOD ST.
CITY-ST-ZIP	PLANT CITY FL 33565	5.4 CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	XIONG, TOU	6.2 NAME	
STREET ADDRESS	2738 AVOCAD DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Signature]* 2/10/98

CR2E037 (1097)