

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003054

1. Entity Name

CLEARWATER HMONG ALLIANCE CHURCH, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

06-23-2002 90503 020 ****61.25

0013117

Principal Place of Business

Mailing Address

ROGATE LUTHERAN CHURCH
4825 EAST BAY DRIVE
CLEARWATER FL 33764

P.O. BOX 5741
CLEARWATER FL 33758-5741

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 59-3240434

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

42002



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

XIONG, KHU X
3001 VIRGINIA AVENUE
CLEARWATER FL 33759

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C XIONG, KHU X 3001 VIRGINIA AVENUE CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC VIRASACK, DAVID 5849 157TH AVENUE NORTH CLEARWATER FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YANG, DAVID N 739 ELM ST SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T XIONG, XAY 2738 AVOCADO DR CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT XIONG, XIA C 3086 HOMESTEAD CT CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D XIONG, KHU X 3001 VIRGINIA AVENUE CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KOUA THAO 14837 Mockingbird Ln. E. Clearwater FL. 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TONG XENG XIONG 2738 AVOCADO DR. Clearwater FL. 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOU XIONG 2738 AVOCADO DR. Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUE YANG 1774 Cardinal Dr. Clearwater, FL. 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XIA XIONG 1025 Melpomwood Ave Clearwater, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID LEE 1469 SATSUMA ST Clearwater, FL 33758	<input checked="" 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

Koua Thao (President) 8/20/02 277 535 6377

CR2E037 (4/02)