

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90040 023 ****61.25

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01312005 Chg-NP CR2E037 (10/03)

DOCUMENT # N94000003054			
1. Entity Name CLEARWATER HMONG ALLIANCE CHURCH, INC.			
Principal Place of Business ROGATE LUTHERAN CHURCH 4825 EAST BAY DRIVE CLEARWATER, FL 33764		Mailing Address P.O. BOX 5741 CLEARWATER, FL 33758-5741	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 17646 Suite, Apt. #, etc.	
City & State Clearwater, FL		4. FEI Number 59-3240434 Applied For <input type="checkbox"/> Not Applicable	
Zip 33762	Country	Zip 33762	Country
6. Name and Address of Current Registered Agent XIONG, KHU X 3001 VIRGINIA AVENUE CLEARWATER, FL 33759		7. Name and Address of New Registered Agent 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 <u>Xiong Khu X.</u> Xiong Khu X. DATE <u>2/2/05</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C XIONG, NOU CHER 2186 POINCIANA DR. CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Her-Youa Lor 12219 Wood Duck PL. Tampa, FL 33617 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC XIONG, QHUA VANG 1813 ANDREY DR. CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Xiong, Qhua Vang 1813 Andrey Dr. Clearwater, FL 33759 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THAO, KOUA 14837 MOCKINGBIRD LANE CLEARWATER, FL 33760 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hang, Toua 3612 Ralston Rd. Plant City, FL 33566 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T XIONG, CHER SOUK 1774 CARDINAL DR CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Xion, Bu 5202 Botina Dr. Wimauma, FL 33598 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CHANG, YOUCHONG 1868 EAST DRIVE CLEARWATER, FL 33755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rev. Xiong Solo 13015 Lincoln Rd. Riverview, FL 33569 <input type="checkbox"/> Delete	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: <u>Solo Xiong</u> Solo Xiong		2/2/05 813-677-1464	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	