


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90029 037 ****70.00

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 17646 CLEARWATER, FL 33762	
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	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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><i>Paul Solo Xiong</i></u> 1/15/06 <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, 2006		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	VC LOR, HER YOUA 12219 WOOD DUCK PL TAMPA, FL 33617	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rev. Paul Solo Xiong 1305 Lincoln Rd. Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP C XIONG, QHUA VANG 1813 ANDREY DR. CLEARWATER, FL 33759		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP C Nha Joua Thao 301 Chastain Rd. Seffner, FL 33584	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S HANG, TOUA 3612 RALSTON RD PLANT CITY, FL 33566		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T XIONG, CHER SOUK 1774 CARDINAL DR CLEARWATER, FL 33760		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP VC Nou Cher Xiong 2186 Poinciana Dr. Clearwater, FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP AT XION, BU 5202 BOTINA DR WIMAUMA, FL 33598		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP T Youchong Chang 7010 62nd St. Norht Pinellas Park, FL 33781	
TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP [Empty]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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><i>Paul Solo Xiong</i></u> 1/15/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					