

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004427

1. Corporation Name

Jacksonville Chinese Library Inc.

Principal Place of Business

5043 Timothy Lane
Jacksonville, FL 32210

Mailing Address

5043 Timothy Lane
Jacksonville, FL 32210

3. Date Incorporated or Qualified

9/9/1994

3a. Date of Last Report

3/25/1995

4. FEI Number

59-3266318

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21 5043 Timothy Lane

2a. Mailing Address

26 5043 Timothy Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Jacksonville, FL

City & State

28 Jacksonville, FL

Zip

24 32210

Country

25 U.S.A.

Zip

29 32210

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

Yen Shan
12018 Ambrosia Ct.
Jacksonville, FL 32223

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

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

YEN Shan, President

DATE

4/9/1996

12. OFFICERS AND DIRECTORS

TITLE	Director	☐ DELETE
NAME	Thomas Chao	
STREET ADDRESS	10936 skylark Dr.	
CITY-ST-ZIP	Jacksonville, FL 32223	
TITLE	Director	☐ DELETE
NAME	Chao-Ming Chen	
STREET ADDRESS	3683 Westover Rd.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	Director	☐ DELETE
NAME	Jimmy Eng	
STREET ADDRESS	4305 South Bend Cir. W.	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	Director	☐ DELETE
NAME	Sidney Kung	
STREET ADDRESS	1962 Raley Creek Dr. E.	
CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	Director	☐ DELETE
NAME	Ailee Kuo	
STREET ADDRESS	3661 Cathedral Oaks N.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	Director	☐ DELETE
NAME	Paul Li	
STREET ADDRESS	9031 Warwickshire Rd.	
CITY-ST-ZIP	Jacksonville, FL 32257	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☐ Addition
1.2 NAME	Frank Liou	
1.3 STREET ADDRESS	3723 Bess Rd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32211	
2.1 TITLE	President	☐ Change ☐ Addition
2.2 NAME	Yen Shan	
2.3 STREET ADDRESS	12018 Ambrosia Ct.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32223	
3.1 TITLE	Director	☐ Change ☐ Addition
3.2 NAME	Yung-cheng Sheng	
3.3 STREET ADDRESS	11128 Lands End Lane	
3.4 CITY-ST-ZIP	Jacksonville, FL 32225	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yen Shan

DATE

4/9/1996

DAYTIME PHONE #

(904)3664650

CR2E037 (12/95)