

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90040 041 ****61.25

DOCUMENT # N95000001463 1. Entity Name THE CHINESE SCHOOL OF C.A.A.C.F., INC.					
Principal Place of Business WINTER PARK HIGH SCHOOL 528 HUNTINGTON AVE WINTER PARK, FL 32789 US			Mailing Address C/O SHEILA LANG, CPA 2114 HILLCREST ST ORLANDO, FL 32803 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
03202008		Chg-NP		CR2E037 (11/05)	
4. FEI Number 59-3311959				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NGUYEN, JUDY 2135 DURBAN CT OVIEDO, FL 32765			Name MENN-LI LIN Street Address (P.O. Box Number is Not Acceptable) 1812 Redwood Grove Terrace City Lake Mary FL Zip Code 32746		
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 05/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</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	DP NGUYEN, JUDY 2135 DURBAN CT OVIEDO, FL 32765 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NGUYEN, JUDY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIN, KUO CHI <input checked="" type="checkbox"/> Delete 3858 GUILD FORD COURT ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MENN-LI LIN 1812 Redwood Grove Terrace Lake Mary, FL 32746	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOW, ANGIE <input checked="" type="checkbox"/> Delete 8603 BUTTERNUT BLVD. ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pauline HO 4525 Seafarer Way Orlando, FL 32817	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEH, SUSAN <input type="checkbox"/> Delete 7709 BELVOIR DR ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Josephine Chan 1819 Breezy Hill Dr. Windermere, FL 34786	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAU <input type="checkbox"/> Delete CHALL AGNES 716 E COLONIL DR ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAU, AGNES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROUP, JEFF <input checked="" type="checkbox"/> Delete 5645 MAGNOLIA BLOOM TERRACE OVIEDO, FL 32765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ZHANG, YU LIANG 15120 HARROWGATE WAY ORLANDO, FL 32787	
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: 05/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					