

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90082 031 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3311959	
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		
MENN-LI LIN 1812 REDWEED GRACE TERR LAKE MARY, FL 32746			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME NGUYEN, JUDY	<input type="checkbox"/> Delete			
STREET ADDRESS 2135 DURBAN CT	CITY-ST-ZIP OVIEDO, FL 32765				
TITLE P	NAME MENN-LI, LIN	<input type="checkbox"/> Delete			
STREET ADDRESS 1812 REDWOOD GROVE TERR	CITY-ST-ZIP LAKE MARY, FL 32746				
TITLE D	NAME HO, PAULINE	<input type="checkbox"/> Delete			
STREET ADDRESS 4525 SEAFARER WAY	CITY-ST-ZIP ORLANDO, FL 32817				
TITLE D	NAME CHAN, JOSEPHINE	<input type="checkbox"/> Delete			
STREET ADDRESS 1819 BREEZY HILL DR	CITY-ST-ZIP WINDERMERE, FL 34786				
TITLE D	NAME CHAU, AGNES	<input type="checkbox"/> Delete			
STREET ADDRESS 716 E COLONIL DR	CITY-ST-ZIP ORLANDO, FL 32803				
TITLE D	NAME TROUNG, JEFF	<input checked="" type="checkbox"/> Delete			
STREET ADDRESS 15120 HARROWGATE WAY	CITY-ST-ZIP ORLANDO, FL 32787				
TITLE D	NAME Hsu, Conchita	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS 558 Pleasant Grove Drive	CITY-ST-ZIP Winter Springs, FL 32708				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: _____ <i>Menn-Li Lin</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>04/29/07</i> Daytime Phone # <i>(386) 717-1268</i>	