FII	LE	NOV	W:	FIL	ING	FEE	IS	\$61.	25
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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DOCUMENT #

SIGNATURE(

N9500002319 (0)

NORTH AMERICAN WING CHUN ASSOCIATION INC.

Principal Place of Business	Mailing Address			
3709 S.W. 42 AVE.	TOCT NEW 4 DIVIN COURT	000		
SUITE 1	7257 N.W. 4 BLVD., SUITE : GAINESVILLE FL 32607	au)		
GAINESVILLE FL 32608			Date Incorporated or Qualified 3s	. Date of Last Report
•			05/11/1995	. Date of Last heport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2037 SW 63 Aug	26 SAMe		59-3318818	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27 SAME			Fee Required
City & State 23 Games and F	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	Zip	Country (SAme	Trust runa Contribution	Added to Fees
24 32608 25 Alachor		Alacher	 8. This corporation has liability for intangit Florida Statutes 	
9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	
		81 Name	Plat Hildre	
HOLDER, PHILIP T	www.at -	82 Street Ac	HILL T. Holder	
3709 S.W. 42 AVE.	spress only	109	159 NW 32 place	
SUITE 1	sore as and	83	-	
GAINESVILLE FL 32608		84 City		85 Zip Code
			Annesu, ((e	FL 32606
 Pursuant to the provisions of Sections 617.0502 or registered agent, or both, in the State of Floric 	and 617.1508, Florida Statutes, the fa. Such change was authorized b			f changing its registered office
familiar with, and accept the obligations of, Secti	ion 617.0503,)Florida Statutes.	(-	зага от апосота. Тногооу досерт те арролитег	it as registered agent. I am
SIGNATURE	res Thip I Idol	egistered Agent signature requ	ired when rainstating) DA	96
Signature, typed or printed name of registered agent 12. OFFICERS ANS		egistered Agent signature requ 13.	alred when reinstating; DA ADDITIONS/CHANGES TO OFFICERS	
TITLE President	DELETE		President	Change Addition
NAME Thisp To Holden			PhotoF Holder (D)	17bbc-ce
STREET ADDRESS 10959 NILLY 'SZ FAM	\sim (\mathcal{V})			
CITY-ST-ZIP GARAGE CILLE P.	37 606	1 4 CITY - ST - ZIP	GAINE SUITE A. 326	Si L.
TITLE Down los Haw		21 TITLE		Change Addition
NAME OLGO Pres.	. 🔨	2 2 NAME		
STREET ADDRESS 2442 W. MAIN ST.	122 t	2 3 STREET ADDRESS		
CITY-ST-ZIP GAIN-CO. ILE FL.	32609	2 4 CITY-ST-ZIP		
ME SEC. / Executive D	رحدوس الهوال	3.1 TITLE	Societary Exec Proctor John Wohnich 2037 SW 6318 Ave	Change Addition
NAME John Wahnish	(9)	3.2 NAME	John wahwish	
STREET ADDRESS 20 37 SCW. 63 -6	Aue 7	3 3 STREET ADDRESS	2037 SW 6318 AUG	
CITY-SI-ZIP CHARMED, HE FI.	32.608 Maicre	34 CITY-ST-ZIP	GAINEGUILLE FL 32	<u>608</u>
NAME CAROLINE Holdow	Despetcie	4.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS 5535 NW 387 (g l	4. 2 NAME 4.3 STREET ADDRESS		
CITY-SI-ZIP GAINTEUILLE FO		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE	100001000	
NAME		5 2 NAME	1 0000 1 8880 -07/09/9601125	
STREET ADORESS		5.3 STREET ADDRESS	***61.25	1001
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***U1.23	
TITLE	DELETE	6 1 TITLE		Change 3 Addition
NAME		6.2 NAME		E h
STREET ADDRESS		6.3 STREET ADDRESS		S. 6.
CITY-ST-ZIP		6.4 CITY - ST - ZIP		AC.
 I do hereby certify that the information supplied vertify that the information indicated on this annual 	ial report or supplemental appual ri	anne bree aint si thong	irate and that my pionature chall have the come li	sool offeet on it made under
oath; that I am an officer or director of the corpo appears in Block 12 or Block 13 if changed, or o	ration or the receiver or trustee em	powered to execute t	this report as required by Chapter 617, Florida St	atutes; and that my name
				750 236-0518

CR2E037 (12/95)