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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000765 (5)

1. Corporation Name

TMC MUSIC QI GOING HEALING ARTS FOUNDATION, INC.



Principal Place of Business

Mailing Address

2905 LAKEVIEW DRIVE
FERN PARK FL 32730

2905 LAKEVIEW DRIVE
FERN PARK FL 32730-2009

3. Date Incorporated or Qualified
02/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3359969

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUANG, WILLIAM
2905 LAKEVIEW DRIVE
FERN PARK FL 32730

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HUANG, WILLIAM S
STREET ADDRESS 2905 LAKEVIEW DR.
CITY-ST-ZIP FERN PARK FL 32730

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WU, JOHN
STREET ADDRESS 8010 LANDGROVE DR.
CITY-ST-ZIP ORLANDO FL 32819

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CHUN, PATRICIA
STREET ADDRESS 1756 SUNWOOD DR.
CITY-ST-ZIP LONGWOOD FL 32707

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WANG, HWEI-YING
STREET ADDRESS 888 COPPERFIELD TERR
CITY-ST-ZIP CASSELBERRY FL 32707

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME CHU, RWE
STREET ADDRESS 3402 CORAL SPRINGS DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME HIMES, GENIA
STREET ADDRESS P.O. BOX 2549, (N/A)
CITY-ST-ZIP GAINESVILLE FL 32707

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

William S. Huang 1/22/97

CR2E037 (9/96)