

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90278 041 \*\*\*\*61.25

**DOCUMENT # N96000000909**

1. Entity Name

**CAMBODIAN SOUTHERN BAPTIST FELLOWSHIP, INC.****724010**

DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| Principal Place of Business                    | Mailing Address                               |
| 1818 - 29TH AVE NO.<br>ST. PETERSBURG FL 33713 | P.O. BOX 61713<br>ST. PETESBURG FL 33784-1713 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

|               |            |                |
|---------------|------------|----------------|
| 4. FEI Number | 59-3360142 | 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        |
| KANE, KEVIN<br>1818 - 29TH AVE. NORTH<br>ST. PETERSBURG FL 33713 | 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                             |   |  |
|-----------------------------|---|--|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|---|--|

|   |   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|---|---|---|---------------------------------|------|---------------|--|----------------|-------------------|--|-------------|--------------------|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| 10. OFFICERS AND DIRECTORS  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WONG, TZI WEI</td><td></td></tr><tr><td>STREET ADDRESS</td><td>13106 NEW GATE RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WOODRIDGE VA 22193</td><td></td></tr></table> | TITLE   | D   | <input type="checkbox"/> Delete | NAME | WONG, TZI WEI |  | STREET ADDRESS | 13106 NEW GATE RD |  | CITY-ST-ZIP | WOODRIDGE VA 22193 |  | <table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table> | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME  | WONG, TZI WEI   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 13106 NEW GATE RD                                     |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | WOODRIDGE VA 22193                                    |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| NAME  |   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  |   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   |   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| NAME  | KANE, KEVIN   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 4335 17TH AVE N                                       |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | ST PETE FL 33713                                      |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS  |   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| NAME  | NUON, SITHON  |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS  | 3419 EMAN DR  |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP   | JAX FL 32216  |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| CITY-ST-ZIP   |   |   |                                 |      |               |  |                |                   |  |             |                    |  |  |       |  |   |      |  |  |                |  |  |             |  |  |

12. I 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 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: \_\_\_\_\_

Kevin Kane  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2-27-01 (727) 562-9500  
Date Daytime Phone #

CR2E037 (10/00)