2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2009
Secretary of State

DOCUMENT# N96000000909

Entity Name: CAMBODIAN SOUTHERN BAPTIST FELLOWSHIP, INC.

Current Principal Place of Business:

2528 STAPLEFORD LANE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 550775
JACKSONVILLE, FL 32255

New Mailing Address:

FEI Number: 59-3360142 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIENG, BOTIDA S
2528 STAPLEFORD LANE
ST. AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NUON, SITHON
Address: 3419 EMAN DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete
Name: KANE, KEVIN
Address: 4335 17TH AVE N
City-St-Zip: ST PETE, FL 33713

Title: D ( ) Delete
Name: SIENG, BOTIDA S
Address: 2528 STAPLEFORD LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DR. ( ) Change (X) Addition
Name: YIV, SEANG H
Address: 13805 SUNSET LAKE DRIVE
City-St-Zip: BURNSVILLE, MN 55337

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOTIDA S. SIENG MRS. 02/13/2009

Electronic Signature of Signing Officer or Director — Date