## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jul 02 1998 8:00am

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Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N97000005986 (1)

ASIA/PACIFIC-U.S. FOUNDATION, INC.

| Principal Place of Business Mailing Address          |  |  |  |                             |  |  |
|--|--|--|--|-----------------------------|--|--|
| 550 N REO STREET<br>SUITE 300<br>TAMPA FL 33609-1037 |  | 550 N REO STREET<br>SUITE 300<br>TAMPA FL 33609-1037   |  |                             | 3. Date Incorporated or Qualified 10/23/1997   |  |
| 17.11.11.000   | ~~ 1401  | TAMEN TE BOOK TOO  |  |                             | 4. FEI Number Applied For Not Applicable   |  |
| 2. Principal Place of Business                       |  | 2e. Mailing Address 26   |  |                             | Certificate of Status Desired     Status Desired     Status Desired     Fee Regulred   |  |
| Suite, Apt.  | . #, etc.  | Suite, Apt. #, etc.  |  |                             | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |  |
| City & Stat  |  | City & State   |  |                             | 7. Is this nonprofit corporation a homeowners association?   |  |
| Zip 24   | Country 25   | Zip 3  | Country                                | <i>'</i>                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No  |  |
|  | 9. Name and Address of Curren  | t Registered Agent   |  |                             | 10. Name and Address of New Registered Agent   |  |
|  |  |  | B1                                     | Name                        |  |  |
| SPRINGSTEEN, JAMES F<br>550 N REO STREET             |  |  | 82                                     | Street                      | Address (P.O. Box Number is Not Acceptable)  |  |
| SUITE 300 1<br>TAMPA FL \$3809-1037                  |  |  | 83                                     |                             |  |  |
|  | <u> </u>   |  | 84                                     |                             | FL 85 Zip Code   |  |
| agent. I a   | to t <b>he</b> provisions of Sections 617.050;<br>regi <b>ster</b> ed agent, or both, in the State<br>am f <b>am</b> lliar with, and accept the obliga | 2 and 617.1508, Florida Statutes<br>of Florida. Such change was aut<br>itions of, Section 617.0503, Florid | , the abov<br>horized by<br>da Statute | e-named<br>y the corp<br>s. | corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered |  |
| SIGNATURE  | Signature, typed or printed name of registered ager  | nt and title if applicable. (NOTE: F   | Registered Age                         | ent signature               | required when reinstaling) DATE  |  |
| 12.  | OFFICERS AND   | ) DIRECTORS  | 13.                                    |                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| TITLE  | 0  | ☐ DELETE   | 1.1 TITLE                              |                             | ☐ Change ☐ Addition  |  |
| NAME   | SPRINGSTEEN, KIMI J  |  | 1.2 NAME                               |                             |  |  |
| STREET ADDRESS                                       | 550 N REO ST, STE 300  |  | 1,3 STREET                             | ADDRESS                     |  |  |
| CITY-ST-ZIP  | TAMPA FL 33609-1037  |  | 1.4 CITY-5                             | T-ZIP                       |  |  |
| TITLE  | O  | DELETE   | 21 TITLE                               | ļ                           | ☐ Change ☐ Addition  |  |
| NAME   | <b>SPRINGSTEEN, JAMES F</b>  |  | 2.2 NAME                               |                             |  |  |
| STREET ADDRESS                                       | 5\$0 N REO ST, STE 300   |  | 2.3 STREET                             | ADDRESS                     |  |  |
| CITY-ST-ZIP  | TAMPA FL 33609-1037  | - Decision   | 2.4 CITY-                              | ST-ZIP                      |  |  |
| TITLE  | D D  | ☐ DELETE   | 3.1 TITLE                              |                             | Change Addition  |  |
| NAME   | MCBRIDE, WILLIAM H JR  | 0000   | 3.2 NAME                               |                             |  |  |
| STREET ADDRESS                                       | 400 NORTH ASHLEY DR, STE   | 2300   | 3.3 STREET                             | 1                           |  |  |
| CITY+ST-ZIP<br>TITLE                                 | TAMPA FL 33602   | DELETE   | 3.4. CITY-1                            | ST-ZIP                      | Change Addition  |  |
|  |  | L OFFICE   |  |                             | Change ( Addition  |  |
| NAME   | ·  |  | 4, 2 NAME                              | 1000000                     |  |  |
| STREET ADDRESS                                       | -  |  | 4.3 STREET                             |                             |  |  |
| CITY-ST-ZIP<br>TITLE                                 |  | DELETE   | 4.4 CITY - S<br>5.1 TITLE              | 1-ZIP                       | ☐ Change ☐ Addition  |  |
| NAME   |  |  | 5.2 NAME                               | }                           |  |  |
| STREET ADDRESS                                       |  |  | 5.3 STREET                             | ADDRESS                     |  |  |
| CITY-ST-ZIP  | <b>1</b>   |  | 5.4 CITY - S                           |                             |  |  |
| TITLE  |  | ☐ DELETE   | 6.1 TITLE                              | -, En                       | ☐ Change ☐ Addition  |  |
| NAME   | 1  | <del></del> ·  | 6.2 NAME                               | }                           |  |  |
| STREET ADDRESS                                       | ĺ  |  | 6.3 STREET                             | ADDRESS                     |  |  |
| CITY CT 71D  |  |  | e d CITY O                             |                             |  |  |

14. 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 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.