

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90022 048 ****61.25

DOCUMENT # N98000004424

1. Corporation Name

ASIAN CULTURAL FESTIVALS, INC.

Principal Place of Business

1722 RACHELS RIDGE
OCOE FL 34161

Mailing Address

1722 RACHELS RIDGE
OCOE FL 34161



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

59-3527352

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

10. Name and Address of New Registered Agent

HUMPHRIES, J GREGORY
20 N ORANGE AVE, SUITE 1000
ORLANDO FL 32807-4626

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SINGH, JOYCE B**
STREET ADDRESS **1722 RACHELS RIDGE**
CITY-ST-ZIP **OCOE FL 34161**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Madamlall Persaud**
1.3 STREET ADDRESS **6240 Indian Hill Road**
1.4 CITY-ST-ZIP **Orlando, FL 32808**

TITLE **D** ☒ DELETE
NAME **HYLTON, FRED**
STREET ADDRESS **1722 RACHELS RIDGE**
CITY-ST-ZIP **OCOE FL 34161**

2.1 TITLE **President** ☐ Change ☒ Addition
2.2 NAME **Singh, Joyce B.**
2.3 STREET ADDRESS **1722 Rachels Ridge**
2.4 CITY-ST-ZIP **Ocoee, FL 34161**

TITLE **D** ☐ DELETE
NAME **SINGH, SHARON A**
STREET ADDRESS **1722 RACHELS RIDGE**
CITY-ST-ZIP **OCOE FL 34161**

3.1 TITLE **Secretary & Treasurer** ☐ Change ☒ Addition
3.2 NAME **Singh, Sharon A.**
3.3 STREET ADDRESS **1722 Rachels Ridge**
3.4 CITY-ST-ZIP **Ocoee, FL 34161**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99

407-237-6944

Date

Daytime Phone #

CR2E037-41/98