


FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b>                    |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
| <b>DOCUMENT # N98000004560</b>  |   |  |
| 1. Corporation Name<br><b>SPACE COAST CHINESE WOMEN'S ASSOCIATION, INC.</b> |   |  |

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|---|---|
| Principal Place of Business<br>P.O. BOX 1154<br>MELBOURNE FL 32902-1154 | Mailing Address<br>P.O. BOX 1154<br>MELBOURNE FL 32902-1154 |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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| 2. Principal Place of Business<br>21 1767 Brookside St. N.E.<br>Suite, Apt. #, etc.<br>22 City & State<br>23 palm Bay, FL, U.S.A.<br>Zip 32907 Country U.S.A. | 2a. Mailing Address<br>26 1767 Brookside St. N.E.<br>Suite, Apt. #, etc.<br>27 City & State<br>28 palm Bay, FL<br>Zip 32907 Country U.S.A. | 3. Date Incorporated or Qualified<br>08/07/1998<br>4. FEI Number<br>59-3511183<br>Applied For<br>Not Applicable<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 9. Name and Address of Current Registered Agent<br>YING, JY-FANG<br>423 RIO CASA DR. N.<br>INDIALANTIC FL 32903 | 10. Name and Address of New Registered Agent<br>81 Name Brenda muh<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>1767 Brookside St. N.E.<br>83<br>84 City palm Bay FL 85 Zip Code 32907 |
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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 Brenda C-K Muh BRENDA C-K MUH 5/11/99  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retitling) DATE

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|--|--|---|--|
| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>president<br>Judy Jy-Fang, Ying<br>423 Rio casa Dr. N., Indialantic, FL<br>Indialantic, FL 32903 | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP<br>Brenda muh (C-K)<br>1767 Brookside St. N.E.<br>Palm Bay, FL 32907 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Original Bm |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TAMMY TAN<br>420 Bridge Town Ct<br>Satellite Bch, FL 32937                                       | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP<br>Siew Hua Lim<br>1036 Home wood AVE<br>Melb, FL 32940              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Director               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TINA Liu<br>4945 Winchester Dr.<br>Titusville, FL 32780  | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>Helen Russell<br>275 Wilson AVE<br>Satellite Bch, FL 32932        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Director               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE            | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE            | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> DELETE            | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |

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: Brenda C-K Muh 5/11/99 407-723-3000

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