

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005454

1. Entity Name
PALYUL CHANGCHUB CHOLING, INC.



Principal Place of Business

**14 LIVE OAK ST
SUITE C-1
GULF BREEZE, FL 32561**

Mailing Address

**14 LIVE OAK ST
SUITE C-1
GULF BREEZE, FL 32561**

DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
75-3226756

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROOS, JELLE
5448 SOUNDSIDE DR.
GULF BREEZE, FL 32563**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	DALE ROOS, JACQUELYN
STREET ADDRESS	5448 SOUNDSIDE DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	TREA
NAME	SLOAN, MARY ELIZABETH
STREET ADDRESS	1413 ARIOLA
CITY-ST-ZIP	PENSACOLA BEACH, FL 32561
TITLE	PRES
NAME	ROOS, JELLE
STREET ADDRESS	5448 SOUNDSIDE DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000815552
02/14/08-80013-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

M. Sloan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/08

Date

(850) 934-4984

Daytime Phone #