

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006431**

1. Entity Name  
YUAN FA CONFUCIANISM AND TAO ASSOCIATION, INC.



Principal Place of Business  
6303 A SEVEN SPRINGS BLVD.  
GREENACRES, FL 33463

Mailing Address  
6303 A SEVEN SPRINGS BLVD.  
GREENACRES, FL 33463



04092004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0875415

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WU, SHU-CHU  
6303 A SEVEN SPRINGS BLVD.  
GREENACRES, FL 33463

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000112610  
04/14/04-80029-007 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LEE WEI, RONG  
STREET ADDRESS 1929 CALLE BOGOTA  
CITY-ST-ZIP ROWLAND HEIGHTS, CA 91748

TITLE VD  
NAME WANG, SHU-CHU  
STREET ADDRESS 11329 BRYANT RD  
CITY-ST-ZIP EL MONTE, CA 91732

TITLE SD  
NAME WU, SHU-CHU  
STREET ADDRESS 6303 SEVEN SPRINGS BLVD.  
CITY-ST-ZIP GREENACRES, FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #