

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005897

1. Entity Name
**AMERICAN DEVOTING VOLUNTEERS FOR
INTERNATIONAL CULTURE AND EDUCATION, INC.**



Principal Place of Business
**2400 W CYPRESS CREEK, STE 202
FORT LAUDERDALE, FL 33309**

Mailing Address
**2400 W CYPRESS CREEK, STE 202
FORT LAUDERDALE, FL 33309**



04032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0958082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CHANG, THERESA C
2400 W CYPRESS CREEK
FORT LAUDERDALE, FL 33309**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
CHANG, ANTHONY M.C.
11133 N.W. 2ND COURT
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
CHANG, THERESA C
11133 N.W. 2ND COURT
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
SCHWANER, MONICA
304 QUEENS PKWY.
BARTLETT, IL 60103**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

U00000692005
04/13/07-80033-015 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07

Date

954-267-8817

Daytime Phone #