

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90085 003 ****61.25

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**

40000101

2. Principal Place of Business - No P.O. Box #
11133 N.W. 2nd Court

3. Mailing Address
11133 N.W. 2nd Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008 Chg-NP CR2E037 (12/06)

City & State
Coral Springs, Fl.

City & State
Coral Springs, Fl.

4. FEI Number
65-0958082

Applied For
Not Applicable

Zip
33071

Country
Broward

Zip
33071

Country
Broward

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**

7. Name and Address of New Registered Agent

Name
Chang, Theresa C.

Street Address (P.O. Box Number is Not Acceptable)

11133 N.W. 2nd Court

City
Coral Springs

FL

Zip Code
33071

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

4/24/08

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Theresa Chang

4/24/08

954-267-9121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #