

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90380 032 \*\*\*\*61.25

**DOCUMENT # N96000001793**  
 1. Entity Name  
**CLEARWATER CHINESE CHRISTIAN CHURCH INC.**

Principal Place of Business      Mailing Address  
 2525 N MCMULLEN BOOTH RD      2525 N MCMULLEN BOOTH RD  
 CLEARWATER FL 33761      CLEARWATER FL 33761  
 US      US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3407167**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
~~CHIOU, GEORGE~~  
 2658 MCMULLEN BOOTH ROAD, #326  
 CLEARWATER FL 33761

7. Name and Address of New Registered Agent  
 Name **LIN FRED**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2976 ELYSIUM WAY,**  
 City **CLEARWATER**      FL      Zip Code **34619**

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.  
 SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)      DATE

FILE NOW: FEE IS \$61.25      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD CHIOU, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2658 MCMULLEN BOOTH ROAD, #326	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE NAME	SD KAN, CHANG	<input type="checkbox"/> Delete
STREET ADDRESS	103 HARBOR DRIVE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE NAME	TD HO, CHIN-FENG	<input type="checkbox"/> Delete
STREET ADDRESS	2275 WILLOWBROOK DR	
CITY-ST-ZIP	CLEARWATER FL 33764-8744	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD LIN FRED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2976 ELYSIUM WAY, CLEARWATER FL 34619	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)