

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010491

Entity Name: JACKSONVILLE MYANMAR ASSOCIATION INC**Current Principal Place of Business:**11633 HAMPTON PARK BLVD
JACKSONVILLE, FL 32256**Current Mailing Address:**11633 HAMPTON PARK BLVD
JACKSONVILLE, FL 32256**FEI Number: 82-1839083****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHEIN, MYO M
9035 HAMPTON LANDING DR E
JACKSONVILLE, FL 32256 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	AUNG, WIN M
Address	100 HERON LAKE WAY
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	VP
Name	INGYINN, MA
Address	11633 HAMPTON PARK BLVD
City-State-Zip:	JACKSONVILLE FL 32256

Title	S1
Name	JARVIS, SYVANIA
Address	12328 BENTON HARBOR DR S
City-State-Zip:	JACKSONVILLE FL 32225

Title	S2
Name	WIN, TUN
Address	10431 ROLLING BROOK CT.
City-State-Zip:	JACKSONVILLE FL 32256

Title	T1
Name	AUNG, THIDA
Address	7774 CHIPWOOD LANE
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	THINT, MAYMON
Address	7751 BAYMEADOWS ROAD EAST
City-State-Zip:	JACKSONVILLE FL 32256

Title	T2
Name	SHEIN, MYO M
Address	9035 HAMPTON LANDING DR. E.
City-State-Zip:	JACKSONVILLE FL 32256

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MYO M. SHEIN**T2****04/29/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date