**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

# NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20 1998 8:00am
Secretary of State

0014518

DOCUMENT # 760926. (6)

1. Corporation Name
SOUTH-WEST FLORIDA BUDDHIST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1085. PLAZA COMMERCIO DRIVE<br>ST. PETERSBURG FL 33702 | 1085. PLAZA COMMERCIO DRIVE<br>ST. PETERSBURG FL 33702 |

3. Date Incorporated or Qualified: 12/04/1981

4. FEI Number: 59-2440541 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 1085 Plaza Commercio Drive
22 Suite, Apt. #, etc.:
23 City & State: St Petersburg, Fla 33702
24 Zip: 33702 25 Country: USA

2a. Mailing Address
26: same as above
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip: 30 Country:

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NGUYEN, HUNG T
2532 VICTARRA CIRCLE
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NGUYEN, HAN VAN | | 1.2 NAME | | |
| STREET ADDRESS | 1085 PLAZA COMMERCIO DR. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TRUONG, LONG V | | 2.2 NAME | | |
| STREET ADDRESS | 716 62ND AVENUE N. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ST PETERSBURG FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | NGUYEN, HUNG T | | 3.2 NAME | | |
| STREET ADDRESS | 2532 VICTARRA CIRLCE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LUTZ FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COURTNEY, STEVEN E. | | 4.2 NAME | | |
| STREET ADDRESS | 12947 ROYAL GEORGE AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ODESSA FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | INGALLS, DONG THANH | | 5.2 NAME | | |
| STREET ADDRESS | 528 LILIAN DR. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MADEIRA BEACH FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (5/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Han Van Nguyen 07/19/98 813 525 7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #