2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2001 8:00 am Secretary of State DOCUMENT # 760842 1. Entity Name VIETNAMESE ALLIANCE CHURCH, INC. 02-22-2001 90128 020 ****61.25 Mailing Address Principal Place of Business 514 CHARLOTTE ROAD 514 CHARLOTTE ROAD AUBURNDALE FL 33823 AUBURNDALE FL 33823 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2362157 Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HUYNH, HUNG JOHN **5788 STATE ROAD 542 W** WINTER HAVEN FL 33823 Zip Code City FL 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME HUYNH, HUNG JOHN STREET ADDRESS STREET ADDRESS 501 HOLT CR CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33880 ☐ Addition Change ☐ Delete TITLE TITLE VSD NAME NAME NGUYEN, DIEN K STREET ADDRESS STREET ADDRESS 304 LIVE OAK LANE S W CITY-ST-ZIP CITY ST ZIP" WINTER HAVEN FL Change ☐ Addition ☐ Delete TITLE TITLE LAN DUAN NAME NAME DOAN, NGOC VAN STREET ADDRESS STREET ADDRESS 8820 OCITA DR. CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32837 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

Feb 18-2001

Daytime Phone #