

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000001880
1. Entity Name VIETNAMESE COMMUNITY OF PENSACOLA, INC., A NONPROFIT CORPORATION

Principal Place of Business 210 KINCAID ST PENSACOLA, FL 32507	Mailing Address 210 KINCAID ST PENSACOLA, FL 32507
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01222005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUI, LY 210 KINCAID ST PENSACOLA, FL 32507

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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUI, LY 210 KINCAID ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HO, HONG 210 KINCAID ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NGUYEN, HUONG THIEN 210 KINCAID ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NGUYEN, TRUNG BA 210 KINCAID ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VUONG, NGHIA HUU 210 KINCAID ST PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000203222
01/29/05-80022-007 61.25

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: <u>X</u> <u>Bui Ly</u> <u>LY-Bui</u> <u>Jan 25-2005</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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