

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002602

FILED  
Jan 15, 2008  
Secretary of State

**Entity Name:** DIEU-DE BUDDHIST ASSOCIATION OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

9603 NIMS LANE  
PENSACOLA, FL 32534

**New Principal Place of Business:**

9602-9603 NIMS LANE  
PENSACOLA, FL 32534 US

**Current Mailing Address:**

P.O. BOX 15574  
PENSACOLA, FL 32514

**New Mailing Address:**

9602-9603 NIMS LANE  
PENSACOLA, FL 32534 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NGUYEN, BA  
6030 DREXEL RD.  
PENSACOLA, FL 32504 US

**Name and Address of New Registered Agent:**

LE, LUU T  
9602 NIMS LANE  
PENSACOLA, FL 32534 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: LE, LUU THI

01/15/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: NGUYEN, BA  
Address: 6030 DREXEL RD.  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: SMILEY, MY H  
Address: 8861 BURNING TREE RD.  
City-St-Zip: PENSACOLA, FL 32514

Title: VP ( ) Delete  
Name: HO, MICHAEL  
Address: 4184 AQUA VISTA  
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete  
Name: TODD, DAO TRAN  
Address: 4540 FOREST BREEZE CT  
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete  
Name: NGUYEN, THU-HONG  
Address: 1242 PLATA CANADA DRIVE  
City-St-Zip: CANTONMENT, FL 32533

Title: D ( ) Delete  
Name: TRAN, ANH VAN  
Address: 1061 MEYER WAY  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LE, LUU T  
Address: 9602 NIMS LANE  
City-St-Zip: PENSACOLA, FL 32534

Title: VP (X) Change ( ) Addition  
Name: SMILEY, MY H  
Address: 8861 BURNING TREE RD.  
City-St-Zip: PENSACOLA, FL 32514

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LE, LUU THI

P

01/15/2008

Electronic Signature of Signing Officer or Director

Date