## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 10, 2004 8:00 am Secretary of State

							T	Secre	tarv	ot St	ate –
DOCUMENT # N0100005045  1. Entity Name VIETNAMESE CATHOLIC ASSOCIATION OF PALM BEACH INC.									•	010 ****6	
11123 NARRAGANSETT BAY CT 11			Mailing Address 11123 NARRAGANSETT BAY CT WEST PALM BEACH, FL 33414				OPIRI MRIS RRISS RRISS	• • • • • • • • • • • • • • • • • • •	: <b>8</b> 1111 8 81111 <b>818 8</b> 1 81		
Principal Place of Business 3. N			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01082004	Chg-NP	CR2E	037 (10/03)	
City & State			City & State							pplied For ot Applicable	
Zip	p Country		Zip		Country		5. Certificate	of Status Desired	ı 🗆	\$8.75 Add Fee Require	litional d .
	6. Name and Addre	ess of Current Register	red Agent				7. Name and	Address of New	/ Registere	d Agent	
NOUNEN		· · · · ·			Name					-	
4925 NW	LAM CPA 106 AVE PRINGS, FL 33076	Street Address			(P.O. Box Number is Not Acceptable)						
					City	•	FL Zip Code				e
8. The above the obligat	named entity submits the named entity submits the named entity submits the named entity is named and the named entity is named entity.	nis statement for the pur	pose of changing its	registere	ed office o	r register	ed agent, or bot	h, in the State of	Florida. I a	m familiar with,	and accept
SIGNATURE .	Signature, typed or printed name	e of registered agent and title if a	pplicable. (NOTE	: Registered	d Agent signal	ture required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	E	<del></del>
Filing Fee is \$61.25  9. Election Campaign For Trust Fund Contribut					•		\$5.00 May B Added to Fees	e Fi		ck payable to artment of Si	ate
10.	OFF	ICERS AND DIRECTOR	S	11.			ADDITIONS/CH/	ANGES TO OFFIC	*** ** ************	7. T.C. 1199 F. F.E. 1 30-11- 4	UC W. 7888 8 1 8
INGE	D		☐ Delete	TITLE		<u> </u>	100711070110	***************************************	52,10,7415	☐ Change	☐ Addition
.NAME .	NGUYEN, PETER \	,	L. Delete	NAME		1			LI change	LI Acultion	
STREET ADDRESS	524 NORTH M STREET		•		ET ADDRESS						
CITY-86-ZIP			-ST-ZIP								
	<del> </del>	DP Morth, FL 33460				DP					<b>5</b>
TITLE NAME	NGUYEN, BINH T	DP			_	Naus	IEN, THU	፲		Change	<b>Addition</b>
STREET ADDRESS	10202 BERGEN CT		NAME	TREET ADDRESS 1020		2 BERG	ten ct				
CITY-ST-ZIP	BOCA RATON, FL				-ST-ZIP	BOC		, FL 334	28		
	DT	00120		_		1000	73.77	, , ,			T ANDRES
TITLE NAME	TRAN, HUY-PHOG	NE PHONE	☐ Delete	TITLE						Change	☐ Addition
STREET ADDRESS	11123 NARRAGAN				ET ADDRESS						
CITY-ST-ZIP	WELLINGTON, FL		-	A	-ST-ZIP		*.				**
TITLE	, ,		☐ Delete	TITLE	-					☐ Change	☐ Addition
NAME			_ 50000	NAME							
STREET ADDRESS				STREE	ET ADDRESS						
CITY - ST - ZIP				CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE					• • •	☐ Change	Addition
NAME				NAME	Ī					•	
STREET ADDRESS	i			STREE	ET ADDRESS	[					
CITY-ST-ZIP				CITY-	·ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME					•					_ •	
STREET ADDRESS				STREE	ET ADDRESS	İ					

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.

TRAN

CITY-ST-ZIP

SI	G۱	NA	ΙTU	IR	E:	1	sign

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/04

(561) 739-3607