2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N01000005700

VO VI FRIENDSHIP ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

1392 ALFONZO CIR. WINTER SPRINGS, FL 32708 Mailing Address

1392 ALFONZO CIR.

WINTER SPRINGS, FL 32708

FILED Apr 26, 2004 08:00 AM Secretary of State



04042004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-1125938

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WYLLIE, WILLIAM F 414 WEST MEMORIAL BLVD. LAKELAND, FL 33815

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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. It am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name or Registered agent sourtifie if applicable, (NOTE: Registered Agent signature required when reinstating) DATE				
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Frust Fund Contribution.	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
NAME STREET ADDRESS CATY-ST-ZIP	P NGUYEN, ANTHONY V 1392 ALFONZO CIR. WINTER SPRINGS, FL 32708			Unnonn133131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NGUYEN, DU TRUNG 9751 LUPINE AVENUE ORLANDO, FL 32824			04/27/04-80074-013 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HO, THANH N 14 VANNA COURT ORLANDO, FL 32807		DO	NOT WRITE
THILE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, HUONG T 3375 PAISLEY CIR. ORLANDO, FL 32817		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CATY-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)(1), 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:

ANTHONY NAME OF SIGNING OFFICER ON DIRECTOR

KNOHTNA

NGUYEN

0+/20/2004