2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0200005033 03 SEP 26 PM 1:41 1. Entity Name INTERNATIONAL COMMITTEE FOR RELIGIOUS FREEDOM IN VIETNAM, INC. Principal Place of Business Mailing Address 1261 N. PINE HILLS RD. 1261 N. PINE HILLS RD. ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address POBOX 530068 5026 SILVER STAR RI Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES ORLANDO Applied For City & State City & State 4. FEI Number EL erlando RLANDO Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32808 USA 32853 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DO, HOI V Street Address (P.O. Box Number is Not Acceptable) 1261 N. PINE HILLS RD. ORLANDO FL 32808 City Zip Code 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. \$26/03 SIGNATURE ed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Delete ☐ Change ☐ Addition TITLE TITLE DO. HOI V NAME NAME STREET ADDRESS STREET ADDRESS 3995 CANNABY DR. CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete Change ☐ Addition TITLE TITLE 900023366019 09/26/03--01070--012 **70 PHAM, CUU N NAME NAME **70.00 STREET ADDRESS 4401 CHATEAU RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32808 ☐ Addition TITLE . 🖵 : Delete ____Change DONN, THAO NAME NAME STREET ADDRESS 7716 PURITAN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32807 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dear Sir/Maxam.

Due to receiving late mail (adchess changed), we file this form tate. Please five us waive of lath fre.

Thank

Jan'm Do

9/24/03