

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000007182

1. Entity Name

VIETNAMESE CHURCH OF EMMANUEL, INC.



Principal Place of Business

126 ELEVEN AVE NORTH  
ST. PETERSBURG, FL 33701

Mailing Address

126 ELEVEN AVE N  
ST PETERSBURG, FL 33701



04212008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2374869

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUONG, LEVI K  
8280 45TH STREET NORTH  
PINELLAS PARK, FL 33781

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DUONG, LEVI K
STREET ADDRESS	8280 45TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	VP
NAME	DANG, QUY Q
STREET ADDRESS	6016 105 AVENUE N.
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	ST
NAME	DANG, YEN
STREET ADDRESS	6016 105 AVENUE N.
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08

813-965-0998