


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90197 001 ****61.25
 03-08-2006 90197 002 *****8.75

DOCUMENT # N04000001379

1. Entity Name
MUA GAT EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business
**440 SUMMIT DR
 ORANGE PARK, FL 32073**

Mailing Address
**440 SUMMIT DR
 ORANGE PARK, FL 32073**

66004063



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
20-0260942

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**NGUYEN, QUANG
 440 SUMMIT DR
 ORANGE PARK, FL 32073**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

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, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME NGUYEN, QUANG
 STREET ADDRESS 440 SUMMIT DR
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME GILBERT, HENRY-JAY
 STREET ADDRESS 431 CHARLES PINCKNEY ST
 CITY-ST-ZIP ORANGE PARK, FL 32076

TITLE Change Addition
 NAME VPD
 STREET ADDRESS NGUYEN, VINH-AN
 CITY-ST-ZIP 440 SUMMIT DR
 ORANGE PARK, FL 32073

TITLE SD Delete
 NAME TRAN, KIM-KHANH
 STREET ADDRESS 443 CHARLES PINCKNEY ST
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE Change Addition
 NAME SD
 STREET ADDRESS TRAN, CANH HUNG
 CITY-ST-ZIP 3090 LIVINGSTON RD.
 JACKSONVILLE, FL 32257

TITLE TDAS Delete
 NAME TRAN, CANH HUNG
 STREET ADDRESS 5520 COLLINS RD APT #204
 CITY-ST-ZIP JACKSONVILLE, FL 32244

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Quang Nguyen **QUANG NGUYEN** 2/16/06 904-655-8955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #