


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N06000006619</b>	
1. Entity Name <b>THE VIETNAMESE-AMERICAN MEMORIAL COMMITTEE IN FLORIDA, INC</b>	

Principal Place of Business <b>6239 HEDGESPARROWS LANE SANFORD, FL 32771</b>	Mailing Address <b>6239 HEDGESPARROWS LANE SANFORD, FL 32771</b>
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**DO NOT WRITE IN THIS SPACE**



03252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-1283644</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CHU, YEN B  
6239 HEDGESPARROWS LANE  
SANFORD, FL 32771**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U000000882001  
04/16/08-2008-008 70.00

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHU, YEN B 6239 HEDGESPARROWS LANE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHAM, CUU N 4401 CHATEAU ROAD ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NGUYEN, LUONG V 8624 ALEGRE CIRCLE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LE, XUAN T 958 N. JERICO DR CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HOANG, HY 1721 TYRONE BLVD ST PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NGUYEN, MY-THIEN T 596 BIRGHAM PLACE LAKE MARY, FL 32746

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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:** Chu, Yen B. **CHU, YEN B.** April 1, 2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #