

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006619

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE VIETNAMESE-AMERICAN MEMORIAL COMMITTEE IN FLORIDA, INC

Current Principal Place of Business:

6239 HEDGESPARROWS LANE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

6239 HEDGESPARROWS LANE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 65-1283644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHU, YEN B
Address: 6239 HEDGESPARROWS LANE
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: PHAM, CUU N
Address: 4401 CHATEAU ROAD
City-St-Zip: ORLANDO, FL 32808

Title: VP () Delete
Name: NGUYEN, LUONG V
Address: 8624 ALEGRE CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: S () Delete
Name: LE, XUAN T
Address: 958 N. JERICO DR
City-St-Zip: CASSELBERRY, FL 32707

Title: AS () Delete
Name: HOANG, HY
Address: 1721 TYRONE BLVD
City-St-Zip: ST PETERSBURG, FL 33710

Title: T () Delete
Name: NGUYEN, MY-THIEN T
Address: 596 BIRGHAM PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHU YEN B

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date