

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90398 001 ****61.25
 02-08-2001 90398 002 ****8.75

DOCUMENT # N17528

1: Entity Name

VIETNAMESE ALLIANCE CHURCH OF ORLANDO, FLORIDA,

Principal Place of Business

Mailing Address

7810 ALBANIA STREET
 ORLANDO FL 32810
 US

% DUC HOAI NGUYEN
 7913 SEAGULL COURT
 ORLANDO FL 32822

2: Principal Place of Business

3: Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4: FEI Number

59-2774371

Applied For

Not Applicable

Zip

Country

Zip

Country

5: Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6: Name and Address of Current Registered Agent

7: Name and Address of New Registered Agent

NGUYEN, DUC HOAI
7913 SEAGULL COURT
ORLANDO FL 32822

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9: Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10: OFFICERS AND DIRECTORS

11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SD** Delete
 NAME: **PHAM, TAM VAN**
 STREET ADDRESS: **419 E. HARDING**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: **SD** Change Addition
 NAME: **DOAN, DUNG ANH**
 STREET ADDRESS: **9793 PINEY POINT CIR.**
 CITY-ST-ZIP: **ORLANDO, FL 32825**

TITLE: **VD** Delete
 NAME: **NGUYEN, DAI**
 STREET ADDRESS: **1741 SNAREBROOK WAY**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **PD** Delete
 NAME: **NGUYEN, DUC HOAI, PASTOR**
 STREET ADDRESS: **7913 SEAGULL COURT**
 CITY-ST-ZIP: **ORLANDO FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **TD** Delete
 NAME: **PHAM, TUNG QUANG**
 STREET ADDRESS: **530 WATERSCAPE WAY**
 CITY-ST-ZIP: **ORLANDO FL 32828**

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

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407)
 Date: **Jan 7, 2001** Daytime Phone #: **277-9495**

CR2E037 (10/00)