## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # N20336** 04-14-2005 90105 039 \*\*\*\*61.25 TAMPA VIETNAMESE CHURCH OF THE NAZARENE, INC. Principal Place of Business Mailing Address 14707 30TH ST. N. REV MAURICE DUONG LUTZ, FL 33549 US **5006 A BERDEEN CT** TAMPA, FL 33624 3. Mailing Address 14707 30<sup>TH</sup> ST. N. 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03042005 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0131745 City & State City & State Applied For LUTZ , FL Not Applicable 33549 Country Country U.S \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEU PHAM ۵. DUONG, HANH 5902 NORTH HIMES AVENUE Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33614 ... 4760 SW FIRST TERRACE City OCALA Zip Code 34474 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. Chieu g. Pham CHIEU Q. PHAM April 04,2005 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change DUONG, MAURICE NAME NAME CHIEU Q.PHAM **5006 ABERDEEN COURT** STREET ADORESS STREET ADDRESS 4760 SW FIRST TERRACE CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP OCALA , FL 34474 SD □ Delete IIILE ☐ Change ☐ Addition NGUYEN, NHUONG NAME NAME STREET ADDRESS 3921 KIMBALL AVE STREET ADDRESS TAMPA, FL 336142633 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NGUYEN, KHOI-NGUYEN NAME STREET ADDRESS 8921 OREN AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS 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.

Chreu G. Phan CHIEU Q. PHAM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED** 

APRIL 04, 2005 (352) 861-1932