## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # N20336

TAMPA VIETNAMESE CHURCH OF THE NAZARENE, INC.

6. Name and Address of Current Registered Agent



**FILED** Mar 13, 2006 08:00 AM Secretary of State

Principal Place of Business

14707 30TH ST. N. LUTZ, FL 33549 US Mailing Address

14707 30TH ST N LUTZ, FL 33549 US



## DO NOT WRITE IN THIS SPACE

01302006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 65-0131745

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

PHAM, CHIEU Q 4760 SW FIRST TERRACE

## DO NOT WRITE

OCALA, FL 34474			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	ice or r	egistered agent, or bo	th, in the State of Floride. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and its	Tell applicable (NOTE Registered Agen	signature	required when reinstailing)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution.	<u></u>	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIR	ECTORS			
DILE NAME STREET ADDRESS CKY-ST-ZIP	PD PHAM, CHIEU Q 4780 SW FIRST TERRACE OCALA, FL 34474				Magaaa cann
TITLE NAME STREET ADDRÉSS CITY-ST-ZIP	SD NGUYEN, NHUONG 3921 KIMBALL AVE TAMPA, FL 336142633				000000465389 n3/22/u6-80031-022 7 <b>0.</b> n0
title name street address city-st-zip	TD NGUYEN, KHOI-NGUYEN 8921 OREN AVE. TAMPA, FL 33614			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	certify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the exempliand accurate and that my signature s	ons cor	ntained in Chapter 119 re the same legal effect	), Florida Statutes. I further certify that the information at 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: \_

Chreen g. Man

Feb 06 2005

813 390 5368

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #