

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N25107 (6)**  
1. Corporation Name  
**VIETNAMESE ASSOCIATION OF CENTRAL FLORIDA, INC.**



Principal Place of Business: **4755 CHEROKEE ROSE DR. ORLANDO FL 32808**  
Mailing Address: **4755 CHEROKEE ROSE DR. ORLANDO FL 32808**

3. Date Incorporated or Qualified: **03/01/1988**  
3a. Date of Last Report: **03/02/1995**

2. Principal Place of Business: **21 1437 N. PINE HILLS Rd.**  
22 Suite, Apt. #, etc.  
23 City & State: **ORLANDO, FL**  
24 Zip: **32808**  
25 Country  
2a. Mailing Address: **26 1437 N. PINE HILLS Rd.**  
27 Suite, Apt. #, etc.  
28 City & State: **ORLANDO, FL**  
29 Zip: **32808**  
30 Country

4. FEI Number: **59-2890578**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**LUONG, V. NGUYEN  
8624 ALEGRE CIR.  
ORLANDO FL 32836**

10. Name and Address of New Registered Agent  
81 Name: **HOI V. DO, M.D.**  
82 Street Address (P.O. Box Number is Not Acceptable): **1437 N. PINE HILLS Rd.**  
83  
84 City: **ORLANDO FL** 85 Zip Code: **32808**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: DATE: **3/5/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CUN NGOC PHAM	
STREET ADDRESS	4401 CHATEAU RD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NGUYEN, LUONG VAN	
STREET ADDRESS	8624 ALEGRE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	DOI NGUYEN	
STREET ADDRESS	4755 CHEROKEE ROSE DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SG	<input checked="" type="checkbox"/> DELETE
NAME	NGUYEN, DOI	
STREET ADDRESS	4755 CHEROKEE ROSE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TRAN-CAT, THANH	
STREET ADDRESS	4316 CHATEAU RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOI V. DO, M.D.	
1.3 STREET ADDRESS	1437 N. PINE HILLS Rd.	
1.4 CITY-ST-ZIP	ORLANDO, FL 32808	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	THOAI VAN HA	
2.3 STREET ADDRESS	7644 MILANO DR.	
2.4 CITY-ST-ZIP	ORLANDO, FL 32835	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANN LE DO	
3.3 STREET ADDRESS	671 HIBISCUS Rd.	
3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LANA BUI SAO	
4.3 STREET ADDRESS	5414 REATA WAY	
4.4 CITY-ST-ZIP	ORLANDO, FL 32810	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TRANG VU	
5.3 STREET ADDRESS	3301 CARDIGAN Ct.	
5.4 CITY-ST-ZIP	ORLANDO, FL 32812	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: **3/5/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daytime Phone #: **(407) 291-2373 (407) 291-1305**

CR2E037 (12/95)