FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N25107

(6)

VIETNAMESE ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business Mailing Address					······	-			
1437 NORTHPIN ORLANDO FL 3 US	NE HILLS ROAD 12808	1437 N. PINE HILLS ROAD ORLANDO FL 32808-4424 US							
						3. Date Incorporated or Qualified 03/01/1988		of Last Ro 3/19/19	
2. Principal Pl	ace of Business	2a. Malling Address			4. FEI Number	-t	Ap	plied For	
21	44	26			59-2890578			t Applicable	
Suite, Apt	#, eic.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	X	\$8.75 A	
City & State	3	City & State			6. Election Campaign Financing		\$5.00	•	
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	\vdash	Country		8. This corporation has liability for in			199.032,
24 25 29 29 9. Name and Address of Current Registered Agent			30	Florida Statutes Y				No	
	9. Halle and Address of Cults	it vedistalen waalit		81	Name	10. Name and Address of New Res	listered Ag	ent	
HOI, V. I									
	ORTH PINE HILLS ROAD				Street Addre	Iress (P.O. Box Number is Not Acceptable)			
ORLAND	O FL 32808								
			ŀ	84	City	· · · · · · · · · · · · · · · · · · ·	-,	85 Zip (Code
11. Pursuani t	to the provisions of Sections 617 050	12 and 617 1508 Florida Statut	es the er	YOVE.	-named corn	oration submits this statement for the n	FL Wrose of o	banaina it	e registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorized	by	the corporation	oration submits this statement for the proon's board of directors. I hereby accep	t the appoin	ntment as	registered
SIGNATURE	The times with a decept the own	anons of, accitor of 17.0505, 1 i	onda otali	aios.					
	Signature, typed or printed name of registered ag-		E Registered	Agen	it signature require	od when reinstating)	DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC			
TITLE NAME	PD Hoi, V. do M.D.	DELETE	1.1 111				<u></u>	_ Change	Addition
STREET ADDRESS	1437 N PINE HILLS ROAD		1.2 NA		ADDRESS				
CITY-ST-ZIP	ORLANDO FL		1.4 CiTY-						
TITLE	VPD	DELETE	2.1 TIT			20 Day Land Comment Comment	L	Change	Addition
NAME	THOAI, VAN HA	r	2.2 NA	ME	, i	4000 HISTER Dr. 883 Tillstream Dr.	· · · · · · · · · · · · · · · · · · ·	•	7
STREET ADDRESS	7699 MILANO DRIVE		2.3 ST	REET A	ADDRESS F	AGAN HIN HOW	1: ,		
CITY - ST - ZIP	ORLANDO FL		2.4 CI	TY-ST	1-2IP	883 TILISTream Dr	, Orlan	ao, Fi	32818
TITLE	T	[_] DELETE	3.1 TiT	LE				Change	Addition
NAME	ANN LE DO		3.2 NAME						
STREET ADDRESS	671 HIBISCUS ROAD CASSELBERRY FL				ADDRESS				
CITY - ST - ZIP TITLE	VPD	DELETE	3.4. CITY- 4.1 TITLE		- ZIP			Change	Addition
NAME	LANA BUV SAO	OLCLIC	4. 2 N/					_ Change	Addition
STREET ADDRESS	5414 REATA WAY		4.3 STREE		ADDRESS				
CITY - ST - ZIP	ORLANDO FL		4.4 CITY-						
TITLE	\$	DELETE	5.1 TIT					Change	Addition
NAME	trang, vu		5.2 NAME						
STREET ADDRESS	3301 CARDIGAN COURT		5.3 STREE		ODDRESS				
CITY-ST-ZIP	ORLANDO FL		5.4 CIT	Y-ST-	-ZIP				
TITLE		DELETE	6.1 T IT	LE				Change	☐ Addition
NAME			6.2 NA	ME					
STREET ADDRESS	■ ***			REET A	ADDRESS				
CITY-ST-ZIP			6.4 CIT	Y-ST-	- ZIP				

14. I do 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 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:

CONTURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/30/9

407-291-1305

FILED

May 16 1997 8:00am

Secretary of State