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**Apr 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25107 (6)
1. Corporation Name
VIETNAMESE ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business 11821 Alafaya Woods Ct., Orlando, Fl 32826, US	Mailing Address 11821 Alafaya Woods Ct., Orlando, Fl 32826, US
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3. Date Incorporated or Qualified
03/01/1988

4. FEI Number
59-2806578 Applied For Not Applicable

2. Principal Place of Business 21 11821 Alafaya Woods Ct. Suite, Apt. #, etc.	2a. Mailing Address 28 11821 Alafaya Woods Ct. Suite, Apt. #, etc.
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Orlando Florida	27 Orlando Florida
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7. Is this nonprofit corporation a homeowners association?
 Yes No

24 32826	25 US	29 32826	30 US
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HOI, V. DO M.D.
1437 NORTH PINE HILLS ROAD
ORLANDO FL 32808**

10. Name and Address of New Registered Agent
81 Name **David Dung Q. Bui, M.D.**
82 Street Address (P.O. Box Number is Not Acceptable) **11821 Alafaya Woods Ct.**
83
84 City **Orlando** **FL** 85 Zip Code **32826**

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 office 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 *David Dung Q. Bui* **David Dung Q. Bui, President** **4/15/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOI, V. DO M.D.	1.2 NAME	Quynh Quoc Nguyen
STREET ADDRESS	1437 N PINE HILLS ROAD	1.3 STREET ADDRESS	7242 Kensington High Blvd.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, Fl 32818
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Hoi V. Do, MD (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUYNH, NHON T	2.2 NAME	Cuu N. Pham (D)
STREET ADDRESS	1893 TILLSTREAM DR	2.3 STREET ADDRESS	1437 N. Pine Hills Rd.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fl 32808
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN LE DO	3.2 NAME	David Dung Q. Bui, M.D.
STREET ADDRESS	671 HIBISCUS ROAD	3.3 STREET ADDRESS	11821 Alafaya Woods Ct.
CITY-ST-ZIP	CASSELBERRY FL	3.4 CITY-ST-ZIP	Orlando, Fl 32826
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANA BUI SAO	4.2 NAME	Thomas Tien Nguyen
STREET ADDRESS	5414 REATA WAY	4.3 STREET ADDRESS	636 N. Thornton Avenue
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, Fl 32803
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRANG, VU	5.2 NAME	Tram T. Nguyen
STREET ADDRESS	3301 CARDIGAN COURT	5.3 STREET ADDRESS	4755 Cherokee Rose Dr.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, Fl 32808
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Andre Tuan Bui
STREET ADDRESS		6.3 STREET ADDRESS	1361 Place Vendome
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Park, Fl 32789

14. 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 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: *David Dung Q. Bui* **David Dung Q. Bui, M.D. 4/15/98**

CR2E037 (10/97)