

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N25391 (6)**

VIETNAMESE EVANGELICAL CHURCH OF SOUTH FLORIDA OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.



Principal Place of Business: 1600 N. 46TH AVENUE, HOLLYWOOD FL 33021, US
Mailing Address: 1600 N 46TH AVE, HOLLYWOOD FL 33021, US

3. Date Incorporated or Qualified: 03/14/1988
3a. Date of Last Report: 03/02/1995
4. FEI Number: 59-2082331
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

21. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
22. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country
23. City & State
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc., City & State, Zip, Country
27. Suite, Apt. #, etc., City & State, Zip, Country
28. City & State, Zip, Country
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent
NGUYEN, PHUEN THANH
9011 NW 20 STR
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 864 STANTON DR
83
84 City: FT LAUDERDALE, FL
85 Zip Code: 33326

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: _____ (NOTE: Registered agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1.E | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NGUYEN, PHUEN THANH | 1.2.AE | NGUYEN, PHUEN THANH |
| STREET ADDRESS | 9011 NW 20 STR | 1.3.EET ADDRESS | 864 STANTON DR |
| CITY-ST-ZIP | PEMBROKE PINES FL | 1.4-ST-ZIP | FT LAUDERDALE FL 33326 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1.E | D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NGUYEN, THANH NGOC | 2.2.AE | THANH (TOM) VO |
| STREET ADDRESS | 9011 NW 20TH STR | 2.3.EET ADDRESS | 203 NW 136 PLACE |
| CITY-ST-ZIP | PEMBROKE PINES FL | 2.4-ST-ZIP | MIAMI FL 33182 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1.E | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TRAN, NHUT THANH | 3.2.AE | THIEN CHI LE |
| STREET ADDRESS | 2840 EGRET WAY | 3.3.EET ADDRESS | 7421 NW 76 ST |
| CITY-ST-ZIP | COOPER CITY FL | 3.4-ST-ZIP | TAMARAC FL 33321 |
| TITLE | D <input type="checkbox"/> DELETE | 4.E | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NGUYEN, PHUONG MINH | 4.AE | CAM-LE NGUYEN |
| STREET ADDRESS | 11250 SW 47TH TERRACE | 4.EET ADDRESS | 7231 ARTHUR ST |
| CITY-ST-ZIP | MIAMI FL | 4-ST-ZIP | HOLLYWOOD FL 33024 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.E | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HO, TRUC DAC | 5.AE | HAROLD LY |
| STREET ADDRESS | 165 W 56 STR | 5.EET ADDRESS | 864 STANTON DR |
| CITY-ST-ZIP | HIALEAH FL | 5-ST-ZIP | FL LAUDERDALE FL 33326 |
| TITLE | <input type="checkbox"/> DELETE | 6. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.E | |
| STREET ADDRESS | | 6.EET ADDRESS | |
| CITY-ST-ZIP | | 6-ST-ZIP | |

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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: Phuon Thanh PIEN NGUYEN 1/28/96 305 438 7832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR. Date Daytime Phone #

CR2E037 (12/95)