

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$385)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N35623

(0)

1. Corporation Name

VIETNAMESE VETERANS ASSOCIATION OF CENTRAL FLORIDA, INC.

FILED
95 AUG -7 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

5358 FOX BRIAR TRAIL
ORLANDO FL 32808
US

5358 FOX BRIAR TRAIL
ORLANDO FL 32808
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/08/1989** 3a. Date of Last Report **09/06/1994**

4. FEI Number **59-2987808** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 100.092, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **1080 LE JAY ST**

26 **P.O. BOX 585894**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **ORLANDO FLORIDA**

28 **ORLANDO FLORIDA**

24 Zip **32825**

Country **U.S.**

29 Zip **32858**

30 Country **U.S.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NGUYEN HUNG THINH
5358 FOX BRIAR TRAIL
ORLANDO FL 32808

81 Name **JOSEPH KHUONG TRAN**
82 Street Address (P.O. Box Number is Not Acceptable) **1722/D AMERICANA BLVD**
83
84 City **ORLANDO** FL 85 Zip Code **32839**

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 *Joseph Khuong Tran* **JOSEPH KHUONG TRAN** **07/31/95**
Signature, typed or printed name of registered agent (use if applicable) (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HO, QUANG
STREET ADDRESS	5506 ST JOSEPH BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	NGUYEN, THIEN TUONG
STREET ADDRESS	7101 COWS DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	VD
NAME	NGUYEN, TANG VAN
STREET ADDRESS	924 N MILLS AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	NGUYEN, HUNG T
STREET ADDRESS	5358 FOX BRIAR TRAIL
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	TRUONG, KIEU T
STREET ADDRESS	5410 NOKOMIS CIR
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	P.D.	☒ Change ☐ Addition
12 NAME	NGUYEN, KY VAN	
13 STREET ADDRESS	1702 E. CHURCH ST	
14 CITY - ST - ZIP	ORLANDO, FL	
21 TITLE	V.D.	☒ Change ☐ Addition
22 NAME	NGUYEN, CANG HUU	
23 STREET ADDRESS	1080 LE JAY ST.	
24 CITY - ST - ZIP	ORLANDO, FL	
31 TITLE	V.	☒ Change ☐ Addition
32 NAME	JOSEPH KHUONG TRAN	
33 STREET ADDRESS	1722D AMERICANA BLVD	
34 CITY - ST - ZIP	ORLANDO, FL	
41 TITLE	S.D.	☒ Change ☐ Addition
42 NAME	NGUYEN, DUT	
43 STREET ADDRESS	4900 HOMESTEAD RD	
44 CITY - ST - ZIP	ORLANDO, FL	
51 TITLE	T.D.	☒ Change ☐ Addition
52 NAME	NGUYEN, VIEN LAM	
53 STREET ADDRESS	1002B E. MARKS ST.	
54 CITY - ST - ZIP	ORLANDO, FL	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 110.07(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 the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KY VAN NGUYEN 07-31-95 898-0690

Date

Signature #