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Feb 04 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 # N35623

1. Corporation Name

VIETNAMESE VETERANS ASSOCIATION OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**33120 LAKE SHORE DRIVE
TAVARES, FL 32778**

**3729 CAPETOWN DRIVE
ORLANDO, FL 32817**

3. Date Incorporated or Qualified

12/08/1989

4. FEI Number

59-2987808

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

33120 LAKE SHORE DRIVE

3729 CAPETOWN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAVARES, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32778

Country

USA

Zip

32817

Country

USA

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

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

10. Name and Address of New Registered Agent

**LUU, ANDY QUANG
3729 CAPETOWN DRIVE
ORLANDO, FL 32817**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Andy Q. Luu **ANDY Q. LUU, S.D.**

1/16/98

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LE, PHONG HUNG**
CITY-ST-ZIP **33120 LAKE SHORE DRIVE**
TAVARES, FL 32778

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **TRAN, QUY VAN**
CITY-ST-ZIP **9434 BROWNWOOD CT**
OVIEDO, FL 32765

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **CHU, MAO VAN**
CITY-ST-ZIP **4851 RED WILLOW AVENUE**
ORLANDO, FL 32808

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **LUU, ANDY QUANG**
CITY-ST-ZIP **3729 CAPETOWN DRIVE**
ORLANDO, FL 32817

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **BUI, DAO HUY**
CITY-ST-ZIP **755 TIMORE ROAD**
ORLANDO, FL 32804

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Shu **2/4/98**

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*****70.00**

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:

Andy Q. Luu **ANDY Q. LUU**

1/16/98

(407) 679 7990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)