

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N40411

1. Entity Name
NORTHEAST FLORIDA BUDDHIST ASSOCIATION, INC.



Principal Place of Business
2101 PICKETTVILLE ROAD
JACKSONVILLE, FL 32236

Mailing Address
P O BOX 60097
JACKSONVILLE, FL 32236

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3037965	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LE, NHHUY H.
5316 CLARENDON RD
JACKSONVILLE, FL 32205

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, DUC L. 5316 CLARENDON RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, NHUY H. 5316 CLARENDON RD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAN, SANG 2101 PICKETTVILLE RD. JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/10/08-80003-009 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Nhuy Nguyen** **7-8-2008** **(904) 781-4183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #