


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90382 016 \*\*\*\*66.25

<b>DOCUMENT # N47570</b> 1. Entity Name <b>PINELLAS VIETNAMESE CHURCH OF THE NAZARENE, INC.</b>					
Principal Place of Business <b>1225 9TH AVE N SAINT PETERSBURG FL 33705 US</b>				Mailing Address <b>5900 67TH AVE PINELLAS PARK FL 33781 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2209139</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CHAU, HUOT P 5900 67TH AVE PINELLAS PARK FL 33781</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S PEARSON, JEANNINE L 3705 49TH AVE, N SAINT PETERSBURG FL 33714</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CHRISTINE CHAU 5900 67TH AVE. PINELLAS PARK, FL 33781</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T HUYNH, CONG DAN 4218 30TH AVE. N. ST PETERSBURG FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T VAN NGUYEN THANH 8330 52ND ST. PINELLAS PARK, FL 33781</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D VAN, VO D C/O 5900 67TH AVE PINELLAS PARK FL 33781</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HUYNH, NGOC LAN T 7881 52ND LN PINELLAS PARK FL 33781</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HONG THUY LE 3747 43RD AVE. N. SAINT PETERSBURG, FL 33714</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CHAU, HUOT PHU 5900 67TH AVE., N. PINELLAS PARK FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D THANH LUONG 4337 43RD AVE. N. SAINT PETERSBURG, FL 33714</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** HUOT PHU CHAU **APR 21<sup>ST</sup> 2007** **727.544-5791**