## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 12, 2004 8:00 am Secretary of State

07-12-2004 90020 011 \*\*\*\*70.00

DOCU	IMENT	*	149953
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Entity Name

VIETNAMESE COMMUNITY OF FLORIDA, INC.

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Principal Place of Business PO BOX 1218 308 N.Main Trenton, Florida 32693 Mailing Address

PO Box 2187 Trenton, FL 32693

54061390



07072004 No Chg-NP

CR2E037 (10/03)

4. FEI Number	Applied For
65-0352312	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Andrew Nguyen MD PO Box 218, 308 North Main St. Trenton, Florida 32693-USA

## 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 ANDREW NO

(NOTE: Registered Agent signature required when reinstating

7-8-04

Filing Fee is \$61.25 Due by September 8, 2004  Election Campaign Financing Trust Fund Contribution. \$5.00 May 8e Added to Fees

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10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, ADREW MD PO Box 218, 308 N Main St. Trenton, Florida 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NGUYEN, Luong <sub>van</sub> 8624 Alegrc Circle Orlando, Florida 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, DOI 4755 Cherokee Dr Orlando, Florida 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAN, HIEN M. 4043 Signal Hill Rd. Orlando, Florida 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Le, Thanh Thien 8108 Banister Lane Port Richey, Florida 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1

DO NOT WRITE IN THIS SPACE

12. Thereby 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 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:

An Due Mare Part

AND REN NOWYEN

7-8-04

352-463-7381

Date

Daytime Phone #