

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49953

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** VIETNAMESE COMMUNITY OF FLORIDA, INC.

**Current Principal Place of Business:**

4905 E.COLONIAL DRIVE  
ORLANDO, FL 32803 US

**New Principal Place of Business:**

**Current Mailing Address:**

4905 E.COLONIAL DRIVE  
ORLANDO, FL 32803 US

**New Mailing Address:**

**FEI Number:** 65-0352312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LUU, TUOI V  
4905 E.COLONIAL DRIVE  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** LUU, TUOI V  
**Address:** 4905 E.COLONIAL DRIVE  
**City-St-Zip:** ORLANDO, FL 32803 US

**Title:** VP  
**Name:** NGUYEN, THUYET V  
**Address:** 2924 MYSTIC COVE  
**City-St-Zip:** ORLANDO, FL 32812 US

**Title:** VP  
**Name:** NGUYEN, LAN D  
**Address:** 1364 CENTURY OAK  
**City-St-Zip:** OCOEE, FL 34761 US

**Title:** S  
**Name:** NGUYEN, TO ANH  
**Address:** 33134 LAKE SHORE DRIVE  
**City-St-Zip:** TAZARES, FL 32778 US

**Title:** T  
**Name:** NGUYEN, BOI NGOC M  
**Address:** 2820 WALDEN POND COVE  
**City-St-Zip:** LONGWOOD, FL 32729

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LUU TUOI V

P

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date