FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001379 (7)

1. Corporation Name
VIETNAMESE BUDDHIST CONGREGATION OF NORTHWEST FLORIDA INC.

Principal Place of Business	Mailing Address
9802 NIMS LANE PENSACOLA FL 32534	P.O. BOX 2079 PACE FL 32571 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1993
3a. Date of Last Report: 08/22/1994
4. FEI Number: 59-3244612 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NGUYEN, BA
610 EDGEWATER DRIVE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name: NGUYEN, BA
82 Street Address (P.O. Box Number is Not Acceptable): 5133 CENTRAL DR.
83
84 City: PACE FL 85 Zip Code: 32571

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kim Thuan T. Nguyen (ST) 04/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	NGUYEN, BA D	1.2 NAME	NGUYEN, BA	
STREET ADDRESS	610 EDGEWATER DRIVE	1.3 STREET ADDRESS	5133 CENTRAL DR.	
CITY-ST-ZIP	PENSACOLA FL 32507	1.4 CITY-ST-ZIP	PACE, FL 32571	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	HO, MICHAEL H	2.2 NAME		
STREET ADDRESS	4184 AQUA VISTA	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE		☐ Change ☐ Addition
NAME	NGO, CHIN	3.2 NAME		
STREET ADDRESS	5910 LEESWAY BLVD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	PHAN, LAN	4.2 NAME		
STREET ADDRESS	5910 LEESWAY BLVD..	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP		
TITLE	ST	5.1 TITLE		☐ Change ☐ Addition
NAME	NGUYEN, KIM T	5.2 NAME		
STREET ADDRESS	4126 SAGE STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kim Thuan T. Nguyen KIM-THUAN T. NGUYEN 04/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR Date Daytime Phone #
(904) 994-7647

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