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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001379 (7)**

1. Corporation Name

VIETNAMESE BUDDHIST CONGREGATION OF NORTHWEST FLORIDA INC.

Principal Place of Business

9602 NIMS LANE
PENSACOLA FL 32534

Mailing Address

P.O. BOX 2078
PACE FL 32571-0279
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

04/01/1996

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

NGUYEN, BA
5133 CENTRAL DRIVE
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NGUYEN, BA
STREET ADDRESS 5133 CENTRAL DR.
CITY-ST-ZIP PACE FL

☐ DELETE

TITLE VPD
NAME HO, MICHAEL H
STREET ADDRESS 4184 AQUA VISTA
CITY-ST-ZIP PENSACOLA FL 32504

☐ DELETE

TITLE VPD
NAME NGO, CHIN
STREET ADDRESS 5910 LEESWAY BLVD.
CITY-ST-ZIP PENSACOLA FL 32504

☒ DELETE

TITLE S
NAME PHAN, LAN
STREET ADDRESS 5910 LEESWAY BLVD..
CITY-ST-ZIP PENSACOLA FL 32504

☒ DELETE

TITLE ST
NAME NGUYEN, KIM T
STREET ADDRESS 4126 SAGE STREET
CITY-ST-ZIP PACE FL 32571

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VPD NGUYEN MINH THU

3.3 STREET ADDRESS 4126 SAGE ST.

3.4 CITY-ST-ZIP Pace, FL 32571

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME S

4.3 STREET ADDRESS TRAN THI HUONG GIANG

4.4 CITY-ST-ZIP 3119 ORIOLE DR

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME GULF BREEZE, FL 32561

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 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:

SIGNATURE REQUIRED

Banguyen 3-30-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074496

CR2E037 (9/96)