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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 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 FL
ORIDA INC.**

Principal Place of Business

Mailing Address

**9802 NIMS LANE
PENSACOLA FL 32534**

**P.O. BOX 2079
PACE FL 32571
US**



3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

59-3244612

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NGUYEN, BA
5133 CENTRAL DRIVE
PACE FL 32571**

81 Name

NGUYEN, BA

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

6030 Drexel Drive

84 City

Pensacola

FL

85 Zip Code

32504

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]

(NOTE: Registered Agent signature required when reinstating)

4/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **NGUYEN BA**
1.3 STREET ADDRESS **6030 Drexel Dr**
1.4 CITY - ST - ZIP **Pensacola FL 32514**

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **VPD** ☐ DELETE
NAME **NGUYEN, MINH THU**
STREET ADDRESS **4128 SAGE ST**
CITY - ST - ZIP **PACE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **S** ☐ DELETE
NAME **TRAN, THI HUONG GIAN**
STREET ADDRESS **3119 ORIOLE DR**
CITY - ST - ZIP **GULF BREEZE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **ST** ☐ DELETE
NAME **NGUYEN, KIM T**
STREET ADDRESS **4128 SAGE STREET**
CITY - ST - ZIP **PACE FL 32571**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I 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]*

4/8/98 (850) 473-1381

CR2E037 (10/97)