

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002863

FILED
May 05, 2008
Secretary of State

Entity Name: THE VIETNAMESE VETERANS ASSOCIATION OF JACKSONVILLE AND VICINITIES, INC.

Current Principal Place of Business:

1623 SPRING OAKS
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1623 SPRING OAKS
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3372379 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LE, QUY D
1623 SPRING OAKS
JACKSONVILLE, FL 32221 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: PD () Delete
Name: LE, QUY D
Address: 1623 SPRING OAKS
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD () Delete
Name: TRAN, QUYEN V
Address: 3333 KEGLER DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: SD () Delete
Name: LE, THO V
Address: 10141 DELPOINT LN
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD () Delete
Name: HO, TUAN D
Address: 1182 NELSON AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: QUY D. LE

PD

05/05/2008

Electronic Signature of Signing Officer or Director

Date