

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002952

1. Entity Name

VIETNAMESE CHRISTIAN CHURCH INC.

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90106 005 ****70.00

Principal Place of Business

Mailing Address

~~1402 HAMILTON STREET~~
~~JACKSONVILLE FL 32206~~
~~408~~

C/O DAVID A. KING, ATTORNEY
1416 KINGSLEY AVE
ORANGE PARK FL 32073

2. Principal Place of Business

7629 Herlong Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number

59-3252212

Applied For

Not Applicable

Zip

32210

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KING, DAVID A
ATTORNEY AT LAW
416 KINGSLEY AVENUE
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS NGUYEN, NGUYEN T
CITY-ST-ZIP 1820 DANESSE CT APT 38 JACKSONVILLE FL 32207 2006 ORLEAN DR JACKSONVILLE, FL 32210

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2006 Orlean Drive
CITY-ST-ZIP Jacksonville, FL 32210

TITLE ☐ Delete
NAME D
STREET ADDRESS CHAU, HIEP N
CITY-ST-ZIP 8891 BLAINE MEADOWS DRIVE JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS TRAN, HUNG V
CITY-ST-ZIP 7723 MERLE DRIVE JACKSONVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

Date

Daytime Phone #

(907)378-3862

CR2E037 (9/01)