


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90029 026 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N94000005719</b>					
1. Corporation Name <b>THE VIETNAMESE-AMERICAN MUTUAL ASSOCIATION OF TA MPA-BAY, INC.</b>					
Principal Place of Business 2505 W POWHATTAN AVE TAMPA FL 33614 US			Mailing Address P O BOX 151203 TAMPA FL 33614-512 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/18/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3294371	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NGOC DO, NHU 10510 N. DIXON AVE. TAMPA FL 33612				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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DO, NHU NGOC			1.2 NAME			
STREET ADDRESS	10510 N. DIXON AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33612			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRAN, TIEN QUOC			2.2 NAME			
STREET ADDRESS	18434 STERLING SILVER CIR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NGUYEN, TRI NGOC			3.2 NAME			
STREET ADDRESS	2973 BRADFORD CIR			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34685			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRAN, COI MINH			4.2 NAME			
STREET ADDRESS	12308 GLENFIELD AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33626			4.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NGUYEN, BI VAN			5.2 NAME			
STREET ADDRESS	2973 BRADFORD CIR.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34685			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:

*Signature of Bi Van Nguyen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BI VAN NGUYEN** 3/29/99 (813) 282-2152  
 Date Daytime Phone #

CR2E037 (1/98)