

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005719

FILED
Jul 30, 2007
Secretary of State

Entity Name: THE VIETNAMESE-AMERICAN MUTUAL ASSOCIATION OF TAMPA-BAY, INC.

Current Principal Place of Business:

7912 SINGING CT.
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 152453
TAMPA, FL 33684 US

New Mailing Address:

FEI Number: 59-3294371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

NGUYEN, BI VAN
2973 BRADFORD CIRCLE
PALM HARBOR, FL 34685 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: DINH, THANH DAN
Address: 7912 SINGING CT.
City-St-Zip: TAMPA, FL 33615

Title: VD () Delete
Name: NGUYEN, VI H.
Address: 11314 BLOOMINGTON DRIVE
City-St-Zip: TAMPA, FL 33635

Title: S () Delete
Name: NGUYEN, DAVE
Address: 11812 LIPSEY ROAD
City-St-Zip: TAMPA, FL 33618

Title: TD () Delete
Name: CROSBY, LUU
Address: 4601 ST VINCENT STREET
City-St-Zip: TAMPA, FL 33614

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: VI H. NGUYEN

VD

07/30/2007

Electronic Signature of Signing Officer or Director

Date