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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002830 (5)**

1. Corporation Name

**ASSOCIATION FOR THE ADVANCEMENT OF VIETNAMESE-AM
ERICANS, INC.**

Principal Place of Business

Mailing Address

**4101 21ST ST N
ST PETERSBURG FL 33714**

**4101 21ST ST N
ST PETERSBURG FL 33714**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

2a **3545 30TH AVE. NORTH**

22 City & State

27 **11**
City & State

23 Zip Country

28 **ST PETERSBURG, FLORIDA**
Zip Country

24 Zip

25 Country

29 **33713**

30 **U.S.A**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

59-3426718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**TRINH, CHRISTIAN C
4101 21ST ST N
ST PETERSBURG FL 33714**

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

Christian Chinh Trinh
Signature, typed or printed name of registered agent and title if applicable

Christian Chinh Trinh, President

(NOTE: Registered Agent signature required when reinstating)

April 27, 1998
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAO, PHU B.S.	
STREET ADDRESS	7310 9TH ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33702	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAO, MY L PH.D.	
STREET ADDRESS	4101 21ST ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33714	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHAM, HIEP T M.D.	
STREET ADDRESS	16404 SHAGBARG PL	
CITY - ST - ZIP	TAMPA FL 33618	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NGUYEN, TU M.D.	
STREET ADDRESS	600 76TH AVE N APT 219	
CITY - ST - ZIP	ST PETERSBURG FL 33702	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SAU, JAMIE M B.A.	
STREET ADDRESS	4280 67TH AVE N	
CITY - ST - ZIP	PINELLAS PARK FL 34665	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TRINH, CHRISTIAN C B.A.	
STREET ADDRESS	4101 21ST ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33714	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Christian Chinh Trinh

April 27, 1998 (813) 528-0559

CR2E037 (1097)