


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-19-2004 90053 040 ****61.25

DOCUMENT # N98000004893	
1. Entity Name VIETNAMESE AMERICAN COMMUNITY OF SOUTH FLORIDA, INC.	

Principal Place of Business 22196 CONCHA AVE BOCA RATON, FL 33428 US	Mailing Address 22196 CONCHA AVE BOCA RATON, FL 33428 US
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34068961



2. Principal Place of Business 10416 Cypress Lake Suite, Apt. #, etc. Preserve DR	3. Mailing Address P.O. Box 670846 Suite, Apt. #, etc.
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08172004 Chg-NP CR2E037 (10/03)

City & State Lake Worth, Florida	City & State Coral Springs, FL
Zip 33467	Country USA
Zip 33067	Country USA

4. FEI Number 65-1024291	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LE, ANTHONY 22196 CONCHA AVE BOCA RATON, FL 33428	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10416 Cypress Lake Preserve DR City Lake Worth FL Zip Code 33467	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAN, PHUONG N 3300 UNIVERSITY DRIVE CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3853 NW 42nd Way Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LE, ANTHONY L 22196 CONCHA AVE BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10416 Cypress Lake Preserve DR Lake Worth, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHAM, HIEU 7502 COLONY PALM DR BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PHAM, HIEU CORRECTION
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NGUYEN, NGUYET 5720 S. SABLE CIR MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHI, QUAN 6035 NW 100 WAY PARKLAND, FL 33076 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8.18.04 954 288 8726