ANNUAL REPORT
1995

Secretary of State
State of Florida
DIVISION OF CORPORATIONS

DOCUMENT # N32021 (0)

1. Corporation Name

WAT NAVARAM BUDDHIST TEMPLE, INC.

FILED
95 MAY -1 PM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6222 LAKEVILLE RD. C/O DA KEOSOPHA ORLANDO FL 32818	6222 LAKEVILLE RD. C/O DA KEOSOPHA ORLANDO FL 32818

3. Date Incorporated or Qualified: 05/01/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 WAT. NAVARAM BUDDHIST TEMPLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. BOX 680858
City & State 23	City & State 28 ORLANDO FL
Zip 24 / Country 25	Zip 29 32868 / Country 30 U.S.A.

9. Name and Address of Current Registered Agent

KHAMASONE RATTANAVONG
211 S. HAMPTON CT
SANFORD FL 32773

10. Name and Address of New Registered Agent

31 Name: TROY PRAPHANCHITH
32 Street Address (P.O. Box Number is Not Acceptable): 5805 GRAND CANYON DR
33: 0
34 City: ORLANDO FL 35 Zip Code: 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] TROY PRAPHANCHITH 4-24-95
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	1.1 TITLE	P.D.	☒ Change ☐ Addition
NAME	KHAMSONE, RATTANAVONG	1.2 NAME	THONG CHAMPAVANNARATH	
STREET ADDRESS	211 S. HAMPTON CT	1.3 STREET ADDRESS	1090 HUFFAKER ST.	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	BARTOW FL 33830	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	SISOUTHA, SUNDARA	2.2 NAME	TROY PRAPHANCHITH	
STREET ADDRESS	180 CRYSTAL LAKE AVENUE	2.3 STREET ADDRESS	5805 GRAND CANYON DR	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	BOUNLAP, TOM	3.2 NAME	ABE INTHAVONGSA.	
STREET ADDRESS	117 MAPLEWOOD DRIVE	3.3 STREET ADDRESS	661 BLACKSTONE AVE	
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP	DELTONA FL 32725	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	CHITAKONE, PETE	4.2 NAME	JOE CHANTRY	
STREET ADDRESS	1923 TINDARO DRIVE	4.3 STREET ADDRESS	4835 CRACKWILLOW CT.	
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VC	5.1 TITLE	TS	☒ Change ☐ Addition
NAME	HOANG, SONG K	5.2 NAME	MARK VUNGCHAN	
STREET ADDRESS	4714 MELLARD DRIVE	5.3 STREET ADDRESS	5612 CHUKAR DR.	
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	TS	6.1 TITLE		☐ Change ☐ Addition
NAME	BOUNPHENG, INTHAVONGSA	6.2 NAME		
STREET ADDRESS	661 BLACKSTONE AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] TROY PRAPHANCHITH 4.24.95 407.297.9236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034383