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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000261 (8)

1. Corporation Name

WAT FLORIDA DHAMMARAM, INC.



Principal Place of Business

Mailing Address

**2421 OLD VINELAND ROAD
KISSIMMEE FL 34746**

**2421 OLD VINELAND ROAD
KISSIMMEE FL 34746**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUNZ, DEBIE
4481 N. PINE HILLS RD.
ORLANDO FL 32808**

81 Name

YOUTH CHANTARA

82 Street Address (P.O. Box Number is Not Acceptable)

83

4481 N. PINE HILLS RD

84

City **ORLANDO**

FL

85

Zip Code **32808**

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 obligation 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)

5-2-96

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD DEEYING, PRAYONG**
STREET ADDRESS **4457 WINDERWOOD CIR.**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ DELETE

NAME **VD SUBLATANA, NARONG**
STREET ADDRESS **1456 MONTEGO LANE**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE ☐ DELETE

NAME **TD TAYLOY**
STREET ADDRESS **132 HOLTZ DRIVE**
CITY-ST-ZIP **CASTLEBERRY FL**

TITLE ☐ DELETE

NAME **D REID, DAVID**
STREET ADDRESS **1809 E. LIGGINGS AVE.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ DELETE

NAME **C KRUAKAEW, PHRA S**
STREET ADDRESS **2421 OLD VINELAND RD**
CITY-ST-ZIP **KISSIMMEE FL**

TITLE ☐ DELETE

NAME **SD VEHMANEESRI, CHAVALIT**
STREET ADDRESS **515 PORTLAND CIRCLE**
CITY-ST-ZIP **APOPKA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-96

Date

407-397-9352

Daytime Phone #

CR2E037 (12/95)