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Feb 01, 1999 8:00am
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02-01-1999 90006 025 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32021

1. Corporation Name

WAT NAVARAM BUDDHIST TEMPLE, INC.

Principal Place of Business

WAT NAVARAM BUDDHIST TEMPLE
2381 NARCISSUS AVE.
SANFORD FL 32771

Mailing Address

2381 NARCISSUS AVE.
SANFORD FL 32771
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/01/1989

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

9. Name and Address of Current Registered Agent

SOUVAN, HOM
635 BIRGHAM PLACE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NORRAVONG, KHAMMANH

STREET ADDRESS 226 BITTERWOOD

CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE S ☐ DELETE

NAME SOUVAN, HOM

STREET ADDRESS 635 BIRGHAM PLACE

CITY-ST-ZIP LAKE MARY FL 32746

TITLE S ☐ DELETE

NAME PRAPHANCHITH, TROY

STREET ADDRESS 5805 GRAND CANYON DR.

CITY-ST-ZIP ORLANDO FL 32810

TITLE VPD ☐ DELETE

NAME INTHAVONG, SOMNUK

STREET ADDRESS 138 PINEDA ST.

CITY-ST-ZIP LONGWOOD FL 32750

TITLE T ☐ DELETE

NAME RATTANAVONG, VIRAPHANH

STREET ADDRESS 1122 NAOMI LANE

CITY-ST-ZIP SANFORD FL 32773

TITLE 3P ☐ DELETE

NAME PRAPHANCHITH, KHONGKHA

STREET ADDRESS 5956 GRAND COULEE RD.

CITY-ST-ZIP ORLANDO FL 32810

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/99

407 323 8220

CR2E037 (1/98)