

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000003511 1. Entity Name MAHADHATUJETIYARAM TEMPLE INC.	
---	---

Principal Place of Business 71 TORTUGA ROAD PALM SPRINGS, FL 33461	Mailing Address 71 TORTUGA ROAD PALM SPRINGS, FL 33461
--	--



04072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 21-0014581	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THUAPRAKHON, V. THOONTHAWAI 71 TORTUGA ROAD PALM SPRINGS, FL 33461
--

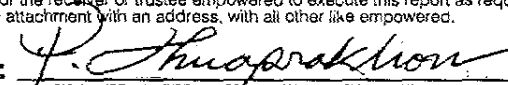
**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
U000000119115 04/19/04-80087-023 61.25	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THUAPRAKHON, V. THOONTHAWAI 71 TORTUGA ROAD PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WISNEFSKI, JOHN 1336 THRON RIDGE LANE ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SROIVATTANA, SUNDAREE 2925 EMBASSY DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIPFUN, SARAH 1140 N W 22ND AVENUE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SUMONTHEE, PRAJUAB 414 KERN ST. WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 # _____