

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 -08:00 AM**  
**Secretary of State**

**DOCUMENT # N32021**

1. Entity Name  
WAT NAVARAM BUDDHIST TEMPLE, INC.



Principal Place of Business  
2381 NARISSUS AVE.  
SANFORD, FL 32771

Mailing Address  
2381 NARISSUS AVE.  
SANFORD, FL 32771 US



04292006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2947166	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

SOUVAN, HOM  
635 BIRGHAM PLACE  
LAKE MARY, FL 32746

**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

4/29/06

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUVAN, HOM 635 BIRGHAM PLACE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SONTHALY, NOUKANE 268 ALDRUP WAY LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD2 KEOMANICHANH, CHOU 328 TULANE DR. ALTAMONTE SPGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUKSANOM, SOMSACK 5477 ARPANA DR. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INTHAVONGSA, THEPAKSONE 661 BLACK STONE AVE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHOMMACHANH, VIENGSAVANH 445 RINGWOOD COURT LONGWOOD, FL 32750

U00000533786  
05/06/06-80136-025 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/29/06 407-920-0036  
Date Daytime Phone #