


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90046 028 ****61.25

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		
2. Principal Place of Business - No P.O. Box # 2381 NARISSUS AVE.		3. Mailing Address 2381 NARISSUS AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SANFORD, FL		City & State SANFORD, FL		4. FEI Number 59-2947166	
Zip 32771		Country Seminole		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SOUVAN, HOM 635 BIRGHAM PLACE LAKE MARY, FL 32746 ↑ OLD ADDRESS			7. Name and Address of New Registered Agent NEW ADDRESS MR. SOUVAN, HOM 895 SILVERADO CT. LAKE MARY, FL 32746		
Name MR. SOUVAN, HOM			Street Address (P.O. Box Number is Not Acceptable) 895 SILVERADO CT		
City LAKE MARY			State FL		Zip Code 32746
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOUVAN, HOM 635 BIRGHAM PLACE LAKE MARY, FL 32746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MR. NORAYONG, KHAMMANH 226 BITTERWOOD ST. WINTER SPGS, FL 32758
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SONTALY, NOUKANE 268 ALDRUP WAY LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD2 KEOMANICHANH, CHOU 328 TULANE DR. ALTAMONTE SPGS, FL 32714	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUKSANOM, SOMSACK 5477 ARPANA DR. ORLANDO, FL 32839	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INTHAVONGSA, THEPAKSONE 661 BLACK STONE AVE DELTONA, FL 32725	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHOMMACHANH, VIENGSAVANH 445 RINGWOOD COURT LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MRS. INTHAVONGSA, THEPAKSONE 661 BLACK STONE AVE. DELTONA, FL 32725	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2 MR. SISALEUMSAK, SIVONG 1927 TINDARO DR. APOPKA FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: MR HOM SOUVAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 3/2/07				Daytime Phone # 407-920-0036	