2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90137 010 ****61.25

DOCUMENT # N32021

1. Entity Name
WAT NAVARAM BUDDHIST TEMPLE, INC.

Principal Place of Business	Mailing Address
WAT NAVARAM BUDDHIST TEMPLE 2381 NARCISSUS AVE. SANFORD, FL 32771	WAT NAVARAM BUDDHIST TEMPLE 2381 NARCISSUS AVE. SANFORD, FL 32771 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2381 NARCISSUS AVE.	2381 NARCISSUS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State: SANFORD FL
Zip: 32771 Country: U.S.A	Zip: 32771 Country: U.S.A

4. FEI Number: 59-2947166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SOUVAN, HOM 635 BIRGHAM PLACE LAKE MARY, FL 32746	Name: SOUVAN, HOM Street Address (P.O. Box Number is Not Acceptable) 635 BIRGHAM PLACE City: LAKE MARY 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: Hom Souvan 4-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	KEOMANICHAN, CHOU		NAME	NORRAVONG, KHAMMANH	
STREET ADDRESS	328 TULANE DR		STREET ADDRESS	226 BITTERWOOD	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP	WINTER SPRING FL 32708	
TITLE	S	☐ Delete	TITLE	S	☐ Change ☐ Addition
NAME	SOUVAN, HOM		NAME	SOUVAN, HOM	
STREET ADDRESS	635 BIRGHAM PLACE		STREET ADDRESS	635 BIRGHAM PLACE	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	S	☐ Delete	TITLE	S	☐ Change ☐ Addition
NAME	CHITTALAD, KEO		NAME	CHITTALAD, KEO	
STREET ADDRESS	2140 KORAT LANE		STREET ADDRESS	2140 KORAT LANE	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	☒ Delete	TITLE	VPD	☐ Change ☒ Addition
NAME	BOUNSENGXAY, OUTHOM		NAME	VIRAVONG, BOUNXOU	
STREET ADDRESS	2437 MYAKKA DR		STREET ADDRESS	700 MATTLE ST.	
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP	SANFORD FL 32773	
TITLE	T	☒ Delete	TITLE	T	☐ Change ☒ Addition
NAME	HEMMAVANH, MANO		NAME	INTHACHACK, PATRICIA	
STREET ADDRESS	2345 RONOAKE CT.		STREET ADDRESS	3116 PIGEON COVE ST.	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	DELTONA FL 32738	
TITLE	(3PT) → (T)	☐ Delete	TITLE	T	☐ Change ☐ Addition
NAME	SISALEUMSACK, SIVONG		NAME	SISALEUMSACK, SIVONG	
STREET ADDRESS	1927 TINDARO DR		STREET ADDRESS	1927 TINDARO DR.	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	APOPKA FL 32703	

CR2E037 (10/02)

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] 4-1-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #