

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32021

Entity Name: WAT NAVARAM BUDDHIST TEMPLE, INC.**Current Principal Place of Business:**2381 NARISSUS AVE.
SANFORD, FL 32771**Current Mailing Address:**2381 NARISSUS AVE.
SANFORD, FL 32771**FEI Number:** 59-2947166**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUVAN, HOM
895 SILVERADO CT.
LAKE MARY, FL 32746 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	SOUVAN, HOM
Address	895 SILVERADO COURT
City-State-Zip:	LAKE MARY FL 32746

Title	VPD2
Name	VILAVONG, BOUNXOU
Address	700 MATTLE ST.
City-State-Zip:	SANFORD FL 32773

Title	T
Name	XAYSAVANH, BOUAKHAM
Address	136 LARCHMONT DR.
City-State-Zip:	DELTONA FL 32738

Title	VPD
Name	SANANIKONE, SAMAY
Address	320 SIR LAWRENCE DR
City-State-Zip:	SANFORD FL 32773

Title	PD
Name	KHAMMANH, NORAVONG
Address	226 BITTERWOOD STREET
City-State-Zip:	SANFORD FL 32758

Title	T
Name	SISALEUMSACK, SIVONG
Address	1927 TINDARO DR.
City-State-Zip:	APOPKA FL 32703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HOM SOUVAN**REGISTERED AGENT****01/20/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date