

**2022 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 VPD3  
Name SOUVANNALA, SOMPON  
Address 1009 PORTLAND ST  
City-State-Zip: DELTONA FL 32725

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 LENIN, SONTALY  
Address 3822 CRAWLEY DOWN LOOP  
City-State-Zip: SANFORD FL 32773

*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****04/11/2022**

Electronic Signature of Signing Officer/Director Detail

Date