

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000261

Entity Name: WAT FLORIDA DHAMMARAM, INC.**Current Principal Place of Business:**2421 OLD VINELAND ROAD
KISSIMMEE, FL 34746**Current Mailing Address:**2421 OLD VINELAND ROAD
KISSIMMEE, FL 34746**FEI Number:** 59-3165299**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHANTARA, YOUTH
4493 N PINE HILLS RD
ORLANDO, FL 32808 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	C
Name	KRUAKAEW, PHRA S
Address	2421 OLD VINELAND RD
City-State-Zip:	KISSIMMEE FL 34747

Title	PD
Name	DEEYING, PRAYONG
Address	279 SAGE CREST DR
City-State-Zip:	OCOE FL 34761

Title	VPD
Name	CHANTARA, YOUTH
Address	4493 N PINE HILLS RD
City-State-Zip:	ORLANDO FL 32808

Title	TD
Name	SAECHIM, KESORN
Address	2684 BLACK OAK LANE
City-State-Zip:	KISSIMMEE FL 34747

Title	SD
Name	VECHMANEESRI, CHAVALIT
Address	515 PORTLAND CIR.
City-State-Zip:	APOPKA FL 32703

Title	D
Name	GILLET, KAM
Address	961 STARLING DR
City-State-Zip:	WINTER GARDEN FL 34787

Title	DIRECTOR
Name	KRAMER, SUCHAYA
Address	1651 S BETTY LN
City-State-Zip:	CLEARWATER FL 33756

Title	DIRECTOR
Name	ARTYAMSOAL, VINAI DR.
Address	708 IXORA AVE
City-State-Zip:	ELLENTON FL 34222

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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: YOUTH CHANTARA

VPD

04/23/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CORTEZ, WIRAT
Address 1020 NEVILLE LN
City-State-Zip: ORLANDO FL 32818

Title DIRECTOR
Name NA SAKOLNAKORN, ARTITAYA
Address 2921 FOREST HAMMOCK DR
City-State-Zip: OLANT CITY FL 33566