

2021 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
2813 S. HIAWASSEE RD.
304
ORLANDO, FL 32835 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: YOUTH CHANTARA

04/16/2021

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 PRESIDENT, DIRECTOR
Name DEEYING, PRAYONG
Address 279 SAGE CREST DR
City-State-Zip: OCOEE FL 34761

Title VP, DIRECTOR
Name GILLETT, KAM
Address 961 STARLING DRIVE
City-State-Zip: WINTER GARDEN FL 34787

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

Title SECRETARY, DIRECTOR
Name VEJMANEESRI, CHAVALIT
Address 515 PORTLAND CIR.
City-State-Zip: APOPKA FL 32703

Title VP, DIRECTOR
Name POONTONGLANG, VASON
Address 1013 ALABAMA AVE.
City-State-Zip: ST CLOUD FL 34769

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: PRAYONG DEEYING

PRESIDENT

04/16/2021

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 PRYOR, UMPAI K.
Address 2421 OLD VINELAND ROAD
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name CAMPBELL, CHALERMSRI V
Address 2421 OLD VINELAND ROAD
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name CURREN, SUPIS
Address 2421 OLD VINELAND ROAD
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name OKOPSKI, SUPARNEE JENNY
Address 2421 OLD VINELAND ROAD
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name TAOKEAW, KOMKRIT
Address 2421 OLD VINELAND ROAD
City-State-Zip: KISSIMMEE FL 34746

Title DIRECTOR
Name PORNMUKDA, MANOCH
Address 2421 OLD VINELAND ROAD
City-State-Zip: KISSIMMEE FL 34746