

2020 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

01/23/2020

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	VP, DIRECTOR
Name	GILLET, KAM
Address	961 STARLING DRIVE
City-State-Zip:	WINTER GARDEN FL 34787
Title	SECRETARY, DIRECTOR
Name	VEJMANEESRI, CHAVALIT
Address	515 PORTLAND CIR.
City-State-Zip:	APOPKA FL 32703
Title	DIRECTOR
Name	KRAMER, SUCHAYA
Address	1651 S BETTY LN
City-State-Zip:	CLEARWATER FL 33756

Title	PRESIDENT, DIRECTOR
Name	DEEYING, PRAYONG
Address	279 SAGE CREST DR
City-State-Zip:	OCOE FL 34761
Title	TREASURER, DIRECTOR
Name	SAECHIM, KESORN
Address	2684 BLACK OAK LANE
City-State-Zip:	KISSIMMEE FL 34747
Title	VP, DIRECTOR
Name	POONTONGLANG, VASON
Address	1013 ALABAMA AVE.
City-State-Zip:	ST CLOUD FL 34769
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**REGISTER AGENT**

01/23/2020

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