

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # 758406**

1. Entity Name

**WAT MONGKOLRATANARAM OF FLORIDA, INC., THAI  
BUDDHIST TEMPLE, INTERBAY AREA, FLORIDA**



03-07-2005 90304 001 \*\*\*\*61.25

03-07-2005 90304 002 \*\*\*\*\*8.75

Principal Place of Business

**5306 PALM RIVER RD  
TAMPA FL 33619**

Mailing Address

**5306 PALM RIVER RD  
TAMPA FL 33619**

**66003329**



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2140316**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHINSOMBOON, VISUTH  
3608 WEST STERLING CIRCLE  
TAMPA FL 33609**

Name

**YIRUM, PREECHA**

Street Address (P.O. Box Number is Not Acceptable)

**5306 PALM RIVER Rd.**

City

**TAMPA**

**FL**

Zip Code

**33619**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Preecha Yirum* **PREECHA YIRUM, VICE PRESIDENT**

**2/10/05**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	<b>SUAKA, SOMKHID PM</b>	
STREET ADDRESS	<b>5306 PALM RIVER RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>P.M. PREECHA, YIRUM</b>	
STREET ADDRESS	<b>5306 PALM RIVER RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>P.M. NUNMANUS, SANMUAN</b>	
STREET ADDRESS	<b>5306 PALM RIVER RD.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>VICHITTHIOETHONG, PHRA</b>	
STREET ADDRESS	<b>5306 PALM RIVER RD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>KOLRAJMUNS, PHRAMON</b>	
STREET ADDRESS	<b>5306 PALM RIVER RD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	<b>PHOLSRI, KRAIWUD PM</b>	
STREET ADDRESS	<b>5306 PALM RIVER RD</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YIRUM, PREECHA</b>	
STREET ADDRESS	<b>5306 PALM RIVER Rd.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33619</b>	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THONGSA, SUPHACHAI</b>	
STREET ADDRESS	<b>5306 PALM RIVER Rd.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33619</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEELATHAKO, PRIYABUT</b>	
STREET ADDRESS	<b>5306 PALM RIVER Rd.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33619</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAKMANALIT, SOMSAK</b>	
STREET ADDRESS	<b>2487 INDIAN AVE. # 1</b>	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS, FL 33770</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THARNINTHRA, NARUMOL</b>	
STREET ADDRESS	<b>3810 CORONA ST.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33629</b>	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHRAMONGKOLRAJ MUNI</b>	
STREET ADDRESS	<b>5306 PALM RIVER Rd.</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33619</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Preecha Yirum* **PREECHA YIRUM**

**2/10/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #