

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90049 001 \*\*\*\*61.25

03-14-2008 90049 002 \*\*\*\*\*8.75

**DOCUMENT # 758406**

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



Principal Place of Business  
**5306 PALM RIVER RD  
TAMPA, FL 33619**

Mailing Address  
**5306 PALM RIVER RD  
TAMPA, FL 33619**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02042008

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**59-2140316**

Applied For  
Not Applicable

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

**YIRUM, PREECHA  
5306F PALM RIVER RD  
TAMPA, FL 33619**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VO** ☐ Delete  
NAME **YIRUM, PREECHA**  
STREET ADDRESS **5306 PALM RIVER RD.**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **S/T/D** ☒ Change ☐ Addition  
NAME **THONGSA, SUPHACHAI**  
STREET ADDRESS **5306 PALM RIVER RD.**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **SD** ☒ Delete  
NAME **SUAKA, SOMKHID**  
STREET ADDRESS **5306 PALM RIVER RD**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D** ☐ Change ☒ Addition  
NAME **PHRAMAHAKHUMTAN ARYUYONG**  
STREET ADDRESS **5306 PALM RIVER RD.**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D** ☐ Delete  
NAME **KRONGHORM, PHRAMAHA**  
STREET ADDRESS **5306 PALM RIVER RD.**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D** ☐ Change ☒ Addition  
NAME **PHRAMAHA SAKPICHIT CHAIDEE**  
STREET ADDRESS **5306 PALM RIVER RD.**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D** ☐ Delete  
NAME **VICHITTHOETHONG, PHRA**  
STREET ADDRESS **5306 PALM RIVER RD**  
CITY-ST-ZIP **TAMPA, FL**

TITLE **TD** ☐ Change ☒ Addition  
NAME **SOMSAK SAKMANALIT**  
STREET ADDRESS **2487 INDIAN AVE. APT # 1.**  
CITY-ST-ZIP **BELLEAIR BLUFFS, FL 33770**

TITLE **DP** ☐ Delete  
NAME **KOLRAJMUNS, PHRAMON**  
STREET ADDRESS **5306 PALM RIVER RD**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **TD** ☐ Change ☒ Addition  
NAME **NARUMEN THARNINTHRA**  
STREET ADDRESS **3810 CORONA ST.**  
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **TD** ☐ Delete  
NAME **THONGSA, SUPHACHAI**  
STREET ADDRESS **5306 PALM RIVER RD**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Cjin*

*PREECHA YIRUM.*

*03/07/08 (813) 621-1669*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #