

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007860

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: LAO CARE ORGANIZATION, INC.

## Current Principal Place of Business:

3884 20TH ST. N.  
ST. PETERSBURG, FL 33714

## New Principal Place of Business:

## Current Mailing Address:

3884 20TH ST. N.  
ST. PETERSBURG, FL 33714

## New Mailing Address:

FEI Number: 80-0005656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SANANIKONE, BUSH  
3884 20TH ST. N.  
ST. PETERSBURG, FL 33714 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SANANIKONE, BUSH  
Address: 3884 20TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: PV ( ) Delete  
Name: XAYASONE, KEO  
Address: 5760 16TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: S ( ) Delete  
Name: PHONGSAVANH, SOUNE P  
Address: 4126 46TH ST N  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: T ( ) Delete  
Name: LAYSOU LIVONY, VIENGKHAM  
Address: 2710 39TH AVE. NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: BD ( ) Delete  
Name: THAMMAVONG, KARLO S  
Address: 1005 16TH STREET NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: D ( ) Delete  
Name: NORID, SAMPASAYA  
Address: 2175 25TH AVE. NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BUSH SANANIKONE

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date