

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012122

FILED  
Mar 05, 2009  
Secretary of State

**Entity Name:** THE LAOTIAN BENEVOLENT SOCIETY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2381 NARCISSUS AVE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1932 TINDARO DRIVE  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHITAKONE, DAVIDA S  
1932 TINDARO DRIVE  
APOPKA, FL 32703 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: P ( ) Delete  
Name: RATTANAVONG, KHAMSONE  
Address: 1122 NAOMI LANE  
City-St-Zip: SANFORD, FL 32773

Title: V ( ) Delete  
Name: PHANITHAVONG, ONETA  
Address: 1249 STONEWATER CIRCLE  
City-St-Zip: OCOEE, FL 34761

Title: V ( ) Delete  
Name: PHANOUVONG, PHOMMA  
Address: 1755 LINDZLU STREET  
City-St-Zip: WINTER GARDEN, FL 34787

**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:

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: DAVIDA CHITAKONE

A

03/05/2009

Electronic Signature of Signing Officer or Director

Date