

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 25, 2012
Secretary of State

DOCUMENT# N07000012122

Entity Name: THE LAOTIAN BENEVOLENT SOCIETY OF CENTRAL FLORIDA, INC.**Current Principal Place of Business:**1932 TINDARO DRIVE
APOPKA, FL 32703 US**New Principal Place of Business:****Current Mailing Address:**1932 TINDARO DRIVE
APOPKA, FL 32703 US**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
Name: CHITAKONE, DAVIDA
Address: 1932 TINDARO DR
City-St-Zip: APOPKA, FL 32703 US

Title: V
Name: PHOMMACHANH, VIENGSAVANH
Address: 445 SPRINGWOOD CT
City-St-Zip: LONGWOOD, FL 32750 US

Title: V
Name: PHETBANDITH, RITSAMAY
Address: 55 DOHERTY RD
City-St-Zip: LAKEWALES, FL 33898 US

Title: S
Name: SOUVAN, HOME
Address: 895 SILVERADO CT
City-St-Zip: LAKE MARY, FL 32746 US

Title: S
Name: VONGKHAMSAO, THEIRKHAMKHAN
Address: 2531 SWOOP CIRCLE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: T
Name: NOUAN, NAIYANET
Address: 1964 BORGA CT
City-St-Zip: APOPKA, FL 32703 US

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: NOUAN NAIYANET

T

03/25/2012

Electronic Signature of Signing Officer or Director

Date