

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009437

FILED  
Jul 30, 2012  
Secretary of State

**Entity Name:** WAT LAKELAND BUDDHIST MEDITATION CENTER, INC.

**Current Principal Place of Business:**

727 CREEKWOOD RUN  
LAKELAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

727 CREEKWOOD RUN  
LAKELAND, FL 33809

**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:**

SOURIYAVONGSA, BOUNPHENG  
727 CREEKWOOD RUN  
LAKELAND, FL 33809    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: SOURIYAVONGSA, BOUNPHENG  
Address: 727 CREEKWOOD RUN  
City-St-Zip: LAKELAND, FL 33809

Title: S  
Name: SOTAKOUN, VINAY  
Address: 727 CREEKWOOD RUN  
City-St-Zip: LAKELAND, FL 33809

Title: T  
Name: SIHARATH, AAI  
Address: 727 CREEKWOOD RUN  
City-St-Zip: LAKELAND, FL 33809

Title: T  
Name: SRIACKHAPHON, THAMOM  
Address: 727 CREEKWOOD RUN  
City-St-Zip: LAKELAND, FL 33809

Title: T  
Name: DOUANGDORA, NIRABONH  
Address: 727 CREEKWOOD RUN  
City-St-Zip: LAKELAND, FL 33809

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: BOUNPHENG SOURIYAVONGSA

MR.

07/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date