

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32021

FILED  
Mar 16, 2010  
Secretary of State

**Entity Name:** WAT NAVARAM BUDDHIST TEMPLE, INC.

**Current Principal Place of Business:**

2381 NARISSUS AVE.  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

2381 NARISSUS AVE.  
SANFORD, FL 32771 US

**New Mailing Address:**

**FEI Number:** 59-2947166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOUVAN, HOM  
895 SILVERADO CT.  
LAKE MARY, FL 32746 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: S  
Name: SOUVAN, HOM  
Address: 895 SILVERADO COURT  
City-St-Zip: LAKE MARY, FL 32746

Title: VPD  
Name: SOUKSANOM, SOMSACK  
Address: 5477 ARPANA DR.  
City-St-Zip: ORLANDO, FL 32809

Title: VPD2  
Name: SANANIKONE, SAMAY  
Address: 2468 MONTE CRISTO WAY  
City-St-Zip: SANFORD, FL 32771

Title: PD  
Name: KHAMMANH, NORAVONG  
Address: 226 BITTERWOOD STREET  
City-St-Zip: SANFORD, FL 32758

Title: T  
Name: KEOPRASERTH, SENGDEUAN  
Address: 2103 KORAT LANE  
City-St-Zip: MAITLAND, FL 32751

Title: T  
Name: SISALEUMSACK, SIVONG  
Address: 1927 TINDARO DR.  
City-St-Zip: APOPKA, FL 32703

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: HOM SOUVAN

REG

03/16/2010

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

\_\_\_\_\_  
Date