FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 24 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000240 (3)

1. Corporation Name

LAOTIAN AMERICAN FOUNDATION OF POLK COUNTY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
290 VALENCIAL DR. BARTOW FL 33830	290 VALENCIAL DR. BARTOW FL 33830

3. Date Incorporated or Qualified: 11/09/1992
3a. Date of Last Report: 07/11/1994
4. FEI Number: 65-0377520 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired: ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHAMPAVANNARATH, BOVNMY
290 VALENCIAL DR.
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name: CHAMPAVANNARATH BOUNMY
82 Street Address (P.O. Box Number is Not Acceptable): 290 VALENCIA DR
83
84 City: BARTOW FL 85 Zip Code: 33830

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SISOUPHANH, VORASANE	1.2 NAME		
STREET ADDRESS	185 DEAR CREEK DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☒ Change ☐ Addition
NAME	CHAMAVANNARPTH, BOUNMY C	2.2 NAME	CHAMPAVANNARATH BOUNMY	
STREET ADDRESS	790 W DAVIDSON	2.3 STREET ADDRESS	290 VALENCIA DR	
CITY-ST-ZIP	BARTOW FL 33830	2.4 CITY-ST-ZIP	BARTOW,FL 33830	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SOUKHAVONG, SISAVATH	3.2 NAME		
STREET ADDRESS	1390 MCADOO AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bounmy Champavannarath BOUNMY CHAMPAVANNARATH 3-21-95 (813)533-2212
SIGNATURE AND TYPED OR PRINTED NAME OF BOUNMY OFFICER OR DIRECTOR (Date) (Daytime Phone #)

037847