

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004722

FILED  
Jul 18, 2008  
Secretary of State

Entity Name: CAMBODIAN BUDDHIST CENTER INC.

**Current Principal Place of Business:**

2725-35TH AVE N  
SAINT PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

2725-35TH AVE N  
SAINT PETERSBURG, FL 33713 US

**New Mailing Address:**

FEI Number: 59-3207681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

BONICH, TOUN  
5855-26TH AVE N  
SAINT PETERSBURG, FL 33710 US

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: DP ( ) Delete  
Name: ROS, CHAN  
Address: 2801 31ST STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: DVP ( ) Delete  
Name: CHHOM, DOUNG  
Address: 31051 SINGLETARY RD.  
City-St-Zip: MYAKHA CITY, FL 34251

Title: S ( ) Delete  
Name: BONICH, TOUN  
Address: 5855 26TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: T ( ) Delete  
Name: KHA, LY  
Address: 2714 36TH AVE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: AM, MEAN  
Address: 3233 - 31ST AVE., N.  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D ( ) Delete  
Name: SVAY, KOMA  
Address: 2848 28TH AVE N  
City-St-Zip: ST PETERSBURG, FL 33713

**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:

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: ROS, CHAN

DP

07/18/2008

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

\_\_\_\_\_  
Date