

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).**

FILED

**Sep 12 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N96000003969 (0)
 1. Corporation Name
PHOUTHA PASARAM BUDDHIST TEMPLE, INC.

Principal Place of Business ROUTE 2, BOX 1419 CRESCENT CITY FL 32112	Mailing Address ROUTE 2, BOX 1419 CRESCENT CITY FL 32112
--	--



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1996		3a. Date of Last Report	
2. Principal Place of Business 21 _____ 22 Suite, Apt. #, etc. 23 City & State 24 Zip _____ 25 Country _____		4. FEI Number 59-3409821 Applied For <input type="checkbox"/> Not Applicable	
2a. Mailing Address 26 _____ 27 Suite, Apt. #, etc. 28 City & State 29 Zip _____ 30 Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent BOUTTAVONG, KHAMTANH ROUTE 2, BOX 1409 CRESCENT CITY FL 32112		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 _____ 84 City _____ FL 85 Zip Code _____		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUTTAVONG, KHAMTANH	1.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 1409	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOVILAYVONG, NIAM	2.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 136A JONATS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XAYACHAK, SOMPHONE	3.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 1408	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESCENT CITY FL 32112	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)