


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
07/30/1996

4. FEI Number
59-3409821

Applied For	
Not Applicable	

21. Principal Place of Business Suite, Apt. #, etc. RT 2 BOX 1408 CRESCENT CITY, FL 32112 City & State Zip 32112	22. Mailing Address Suite, Apt. #, etc. RT 2 BOX 1408 City & State CRESCENT, FLORIDA Zip 32112 Country PUTNAM
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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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**BOUTTAVONG, KHAMTANH
ROUTE 2, BOX 1409
CRESCENT CITY FL 32112**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BOUTTAVONG, KHAMTANH	
STREET ADDRESS	ROUTE 2, BOX 1409	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KEOVILAYVONG, NIAM	
STREET ADDRESS	ROUTE 1, BOX 136A JONATS RD	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	XAYACHAK, SOMPHONE	
STREET ADDRESS	ROUTE 2, BOX 1408	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOMPHONE XAYACHACK	
1.3 STREET ADDRESS	RT 2 BOX 1407-Z-	
1.4 CITY-ST-ZIP	CRESCENT CITY, FLORIDA 32112	
2.1 TITLE	V-D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KEOVILAYVONG NIAM	
2.3 STREET ADDRESS	RT 1, BOX 136A JONATS RD	
2.4 CITY-ST-ZIP	CRESCENT CITY, FLORIDA 32112	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SOMCHIEM SITHACHACK	
3.3 STREET ADDRESS	RR 2 BOX 1018-LL	
3.4 CITY-ST-ZIP	CRESCENT, FL 32112	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BANCHONG RINGO	
4.3 STREET ADDRESS	RR 2 BOX 1018-K	
4.4 CITY-ST-ZIP		
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KHAMKONE VORAKOUNE	
5.3 STREET ADDRESS	RR 2 BOX 1018 M	
5.4 CITY-ST-ZIP	CRESCENT, FL 32112	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Somphone Xayachack* DATE: *4-9-98*

CFR2E037 (10/97)