NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N96000003969

	1. Corporation	n Name				
1	PHOLITH	IA PASARAM BUDDHIST TEI	MPLE, INC.		- ž80780 - 90061 - ž	
	FIIOUIII	IN I AGAILAIN CODOTIOT TE	All CEL HAO.			
Ì						
	Principal Place	of Business	Mailing Address			
ĺ	ROUTE 2. BOX		ROUTE 2. BOX 1419		E PROGRESO DE L'ENTRE CITAL ROMA CENTE DE PAR ABOUT BOUR TOURD LIGHT THIR FRANCE FRANCE FRANCE FRANCE FRANCE	
I	RT 2 BOX 140		RT 2 BOX 1408			
1	CRESCENT CIT		CRESCENT CITY FL 32112		I 1881/181 did reine deite datif datif datie deres erren seite ausen com	
1	US		US		n en	
ì	}					
	2. Principal Pl	lace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
ı	21		26		07/30/1996	
I	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number Applied For	
Į	22		27		59-3409821 Not Applicable	
į	City & State	e	City & State		5. Certificate of Status Desired Security Securi	
١	23	- C. 20	28		Lea Izadanoo	
İ	Zip	Country	Zip	Country	6. Election Campaign Plnancing \$5.00 May Be	
1	24	25	29 30	<u>'L_,</u>		
1	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				81 Name	SOMPHONE XHYHCHACK	
	BOUTTAV	ong, Khamtanh		82 Street A	Address (P.O. Box Number is Not Acceptable)	
ROUTE 2, BOX 1409				83	7 60X 140/- Z-	
	CRESCENT CITY FL 32112			CRE	ESCENT. FLORIDA 32112	
,				84 City	85 Zip Code	-
i	<u> </u>		4500 51 14 51 4 5	<u> </u>	concession submits this etatement for the purpose of changing its registered	
	Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corpoffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporating agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.				pration's board of directors. I hereby accept the appointment as registered	
	agent. I a	m familiar with, and accept the obligation	ons of Section 617.0503, Florida	Statutes.	2 27 90	
	SIGNATURE	Tommone	Laguenack	,	O - ~ / - / /	~
i	12,	Signature, typed or printed game of registered agent OFFICERS AND		gistered Agent signature rec 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(11/98)
	TITLE		DELETE	1.1 TITLE	ADVISOR. Change Addition	Ε
	(OBJACHACK SOUCHIEM	13 2 3 2 1	1.2 NAME	KHAMTANH BOUTTAVONG	₩
	NAME	SIHACHACK, SOUCHIEM		1.3 STREET ACCRESS	ATT D MAY LIAG	ä
ļ	STREET ADDRESS	181 7 5411 1515		1.4 CITY-ST-ZIP	RT 2 BOX 1409 104 32/12	CR2E037
į	CITY-ST-ZIP	CRESCENT CITY FL 32112	DELETE	21 TITLE	RINGO, BANGCHONG PANDING ADDRESSENT FLORIDA 32/12	ਹ
	TITLE	VD		22 NAME	PINGO. BANGCHONG?	
	NAME	KEOVILAYVONG, NIAM	_		1018 K UNION CAMP ED	
	STREET ADDRESS	ROUTE 1, BOX 136A JONATS R	ן	2.3 STREET ADDRESS	PRESIDENT FLORIDA 32/12	
	CITY-ST-ZIP	CRESCENT CITY FL 32112	☐ DELETE	2.4 CITY-ST-ZIP	Change Addition	
i	TITLE	CD	C) OELETE	1		
į	NAME	XAYACHAK, SOMPHONE		32 NAME		
	STREET ADDRESS	RT 2 BOX 1407-Z	•	3.3 STREET ADDRESS		_
	CITY-ST-ZIP	CRESCENT CITY FL 32112	- DELETE	3.4. CITY-ST-ZIP	Change Addition	
	TITLE	SD	U DELETIC	4.1 TITLE		
	NAME	VORAKOUNE, KHAMKONE		4. 2 NAME	ļ.	•
	STREET ADDRESS	,,,,,		4.3 STREET ADDRESS		
	CITY-ST-ZIP	CRESCENT FL 32112		4.4 CITY-ST-ZIP	Change Addition	
	TITLE		☐ DELETE	5.1 TITLE		
	NAME			5.2 NAME		
	STREET ADDRESS			5.3 STREET ADDRESS	,	
	CITY-ST-ZIP			5.4 CITY-ST-ZIP	Change Addition	
	ग⊓∟E	l	☐ OELETE	6.1 TTLE	L 1 LEBRUS [] MODIBON [
)	E occaric	ľ		
	NAME		E searc	6.2 NAME		

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, with all other like empowered. 8.4 CITY-ST-ZIP

STREET ADDRESS

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90048 024 ****61.25