

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-30-2002 90182 046 ****61.25

DOCUMENT # N96000003969

1. Entity Name

PHOUTHA PASARAM BUDDHIST TEMPLE, INC.

Principal Place of Business

Mailing Address

215 UNION CAMP ROAD
 CRESCENT CITY FL 32112
 US

215 UNION CAMP ROAD
 CRESCENT CITY FL 32112
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3409821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PANYANOUVONG, PHALY B
RT BOX 1018-L
CRESCENT CITY FL 32112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD PANYANOUVONG, PHALY B	<input type="checkbox"/> Delete
STREET ADDRESS	RR 1 BOX 1018-L	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE NAME	VD XAYACHAK, HOM	<input type="checkbox"/> Delete
STREET ADDRESS	ROUTE 2 BOX 1018-AA	
CITY-ST-ZIP	CRESCENT CITY FL 32112	
TITLE NAME	VD KENEKEO, BOUANGA	<input type="checkbox"/> Delete
STREET ADDRESS	1729 SPRINKLE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE NAME	SD VORAKOUNE, KHAMKONE	<input type="checkbox"/> Delete
STREET ADDRESS	RR 2 BOX 1018M	
CITY-ST-ZIP	CRESCENT FL 32112	
TITLE NAME	TD BANGCHONG, RINGKO	<input type="checkbox"/> Delete
STREET ADDRESS	ROUTE 2 BOX 1018-K	
CITY-ST-ZIP	CRESCENT FL 32112	
TITLE NAME	TD BOUNTHONG, CHANTHAVONG	<input type="checkbox"/> Delete
STREET ADDRESS	2443 ALAMANDA DR.	
CITY-ST-ZIP	DELTONA FL 32738	

TITLE NAME	<i>Lung Sam Savitryha</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	215 UNION CAMP Rd.	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attached sheet with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-02

(886) 698-0921

Date

Daytime Phone #

CR2E037 (9/01)