2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT (AR)

\mathbf{FILED} Aug 18, 2004 8:00 am Secretary of State

08-04-2004 90019 022 ****61.25

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DOCUMENT # N96000003969 Entity Name PHOUTHA PASARAM BUDDHIST TEMPLE, INC. Principal Place of Business Mailing Address 215 UNION CAMP ROAD CRESCENT CITY FL 32112 66432152 215 UNION CAMP ROAD CRESCENT CITY FL 32112 2. Principal Place of Business 3. Mailing Address Suite, Act, #, etc. Suite, Apt. #, etc. CR2E037 (4/04) City & State Applied For City & State 4. FEI Number **AP-PLIED FOR** Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VIENGKEO-HONGSAVADY. PANYANOUVONG, PHALY B Street Address (P.O. Box Number is Not Acceptable) 215 UNION CAMP RD CRESCENT CITY FL 32112 215 UNION CAMP ROAD. CKESCENT CITY, 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstation) Signature, typed or printed name of registered agent and title 4 applicable. DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 мау ве Due By September 8, 2004 Trust Fund Contribution. Florida Department of State ter of the second OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE VIENGKED HONGSAVADY. SOURYNBA, LUNG S NAME NAME 215 UNION CAMP RD. LIS YINDON CAMP ROAD CRESCENTCETY, STREET ADDRESS STREET ADORESS CRESCENT CITY FL 32112 CITY-ST-ZIP CITY-ST-ZIP VD. SENG DAO SENGKED ONDAH Pathange Delete TITLE IIILE XAYACHAK, HOM 124 START LINGS ROAD NAME NAME ROUTE 2 BOX 1018-AA STREET ADDRESS STREET ADDRESS CRESCENT CITY FL 32112 CITY-ST-ZIP CITY-ST-ZIP шЕ Change ☐ Addition TITLE - 🗀 Delete KENEKEO, BOUANGA NAME NAME 1729 SPRINKLE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32211 CITY ST-ZIP ☐ Addition TITLE Delete MILE ☐ Change VORAKOUNE, KHAMKONE NAME NAME RR 2 BOX 1018M STREET ADDRESS STREET ADDRESS CRESCENT FL 32112 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Change ☐ Addition TITLE ☐ Delete BANGCHONG, RINGKO MAME NAME **ROUTE 2 BOX 1018-K** STREET ADDRESS STREET ADDRESS CRESCENT FL 32112 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition TITLE TITLE ☐ Detete BOUNTHONG, CHANTHAVONG NAME NAME 2443 ALAMANDA DR. STREET ADDRESS STREET ADDRESS DELTONA FL 32738 CITY-SI-ZIP 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)(i), 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 attachment

SIGNATURE:



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT					
DOCUMENT # N96000003969					
PHOUTHA PASARAM BUDDHIST TEMPLE, INC.					100162
Principal Place of Business Mailing Address 215 UNION CAMP ROAD 215 UNION CAMP RO CRESCENT CITY, FL 32112 US CRESCENT CITY, FL				6.0	432152
CRESCENT CITY, FL 32112 US CRESCENT CITY, FL 32112 US					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292004	Chg-NP CR2E037 (10/03)
City & State		City & State		4. FEI Number APPLIED	FOR 59-340981 Applied For Not Applicable
Zip	Country Zip Country		5. Certificate of Status Desired See Required Fee Required		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
PANYANOUVONG, PHALY B 215 UNION CAMP RD CRESCENT CITY, FL 32112 CRESCENT CITY, FL 32112 CRESCENT CITY STREET Address (P.O. Box Number is Not Acceptable) 2/S (INTON CAMP ROAD)					
City CRES CENT CITY FL Zip Code 32112					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
SIGNATURE Signature, syped or printed liame of registered agent and title 4 approachie. (NOTE: Registered Agent signature required when recistating) DATE					
	Filing Fee is \$61.25 Due by May 1; 2004		mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10.	OFFICERS AND DIF	RECTORS - 2 10	11.	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS IN 10
- TITLE	PD .	Delete	TITLE	1 A	
NAME	SOURYNBA, LÜNG S	- 2100	NAME	VIENGKEO H	UNGSAVADY.
STREET ADDRESS CITY-ST-ZIP	215 UNION CAMP RD. CRESCENT CITY, FL 32112	STREET ADDRESS CITY-ST-ZIP	S 215 UNTON CAMP. ROAD. CRESCENT CITY, F/ 32112		
TITLE	VD :	Delete	TITLE	VICE PRESIL	OGN7 □ Change □ Addition
NAME	XAYACHAK, HOM		NAME	1 = 1 () () \$	ENGKEOUUDOM
STREET ADORESS CITY-ST-ZIP	ROUTE 2 BOX 1018-AA CRESCENT CITY, FL 32112		STREET ADDRESS CITY-ST-ZIP	124 STARTL	INGH ROAD.
TITLE	VD	☐ Delete	TITLE	CRESCENT C	277, F132/12 Change Addition
MAME CIRCET ADDRESS	KENEKEO, BOUANGA		NAME	_	, , , , , , , , , , , , , , , , , , , ,
STREET ADDRESS City-St-Zip	JACKSONVILLE, FL 32211		STREET ADDRESS CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		Change Addition
NAME	VORAKOUNE, KHAMKONE		NAME		
STREET ADDRESS CITY-ST-ZIP	RR 2 BOX 1018M CRESCENT, FL 32112		STREET ADDRESS CITY-ST-ZIP		
TITLE	TD PANCELIONS BINGKS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADORESS	BANGCHONG, RINGKO		NAME STREET ADDRESS	1	
CITY-ST-ZIP	ROUTE 2 BOX 1018-K CRESCENT, FL 32112		CITY-ST-ZIP		:
TITLE	TD * ALLEY OF STATE	در بات Delete	TITLE		Change Addition
NAME -	BOUNTHONG CHANTHAVONG		NAME "		
STREET ADORESS CITY-ST-ZIP	2443 ALAMANDA DR. DELTOÑA, FL 32738	े श्रीमा १९४०) जिल्हे १८५४	STREET ADDRESS CITY-ST-ZIP	Saff a copie	The state of the s
12. 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 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 of the required to execute this report as required by Chapter 617. Florida Statutes; and that my page appears in Block 10 or Block 11 if					
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 attachment with an address, with all other like empowered.					
SIGNATURE: // SIGNATURE AND THOSE DRIPPINTED NAME OF SIGNING OFFICER OR DIRECTOR OF DAY Date Day of Prome #					
			-U	<u> </u>	,