

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Aug 18, 2004 8:00 am
Secretary of State

8/4

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

DOCUMENT # N96000003969

1. Entity Name
PHOUTH 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**

66432152



MOORE CR2E037 (4/04)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

AP-PLIED FOR Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PANYANOUVONG, PHALY B
 215 UNION CAMP RD
 CRESCENT CITY FL 32112**

7. Name and Address of New Registered Agent

Name **VIENGKEO HONGSAVADY**

Street Address (P.O. Box Number is Not Acceptable)
215 UNION CAMP ROAD

City **CRESCENT 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 _____ DATE _____

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

**FILE NOW; FEE IS \$61.25
 Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOURYNBA, LUNG S 215 UNION CAMP RD. CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD XAYACHAK, HOM ROUTE 2 BOX 1018-AA CRESCENT CITY FL 32112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENEKEO, BOUANGA 1729 SPRINKLE DR. JACKSONVILLE FL 32211	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VORAKOUNE, KHAMKONE RR 2 BOX 1018M CRESCENT FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID BANGCHONG, RINGKO ROUTE 2 BOX 1018-K CRESCENT; FL 32112	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID BOUNTHONG, CHANTHAVONG 2443 ALAMANDA DR. DELTONA FL 32738	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIENGKEO HONGSAVADY 215 UNION CAMP ROAD, CRESCENT CITY, FL - 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD. SENG DAO SENGKEO OUDH. 124 START LIGHT ROAD. CRESCENT CITY, FL 32112	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE: Viengkeo Hong Savady Date: 8/01/04 Telephone: (386) 698-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

ATTACHMENT

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003969

1. Entity Name
PHOUTHA PASARAM BUDDHIST TEMPLE, INC.



66432152

Principal Place of Business
215 UNION CAMP ROAD
CRESCENT CITY, FL 32112 US

Mailing Address
215 UNION CAMP ROAD
CRESCENT CITY, FL 32112 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



04292004 Chg-NP CR2E037 (10/03)

City & State
Zip Country

4. FEI Number
APPLIED FOR 59-3409821 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PANYANOUVONG, PHALY B
215 UNION CAMP RD
CRESCENT CITY, FL 32112

7. Name and Address of New Registered Agent
Name: VIENGKEO HONGSAVADY
Street Address (P.O. Box Number is Not Acceptable): 215 UNION CAMP ROAD
City: CRESCENT 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOURYNBA, LUNG S 215 UNION CAMP RD. CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD XAYACHAK, HOM ROUTE 2 BOX 1018-AA CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KENEKEO, BOUANGA 1729 SPRINKLE DR. JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VORAKOUNE, KHAMKONE RR 2 BOX 1018M CRESCENT, FL 32112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BANGCHONG, RINGKO ROUTE 2 BOX 1018-K CRESCENT, FL 32112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOUNTHONG, CHANTHAVONG 2443 ALAMANDA DR. DELTONA, FL 32738 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT VIENGKEO HONGSAVADY 215 UNION CAMP ROAD CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SENGDAO SENGKEOUDOM 124 STARTLINGH ROAD CRESCENT CITY, FL 32112 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with an address, with all other like empowered.

SIGNATURE: Viengkeo Hong Savady 8/14/04. (386)-698-0921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #