


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90087 014 \*\*\*\*61.25

<b>DOCUMENT # N96000003969</b>					
1. Entity Name <b>PHOUTHA PASARAM BUDDHIST TEMPLE, INC.</b>					
Principal Place of Business <b>215 UNION CAMP ROAD CRESCENT CITY FL 32112 US</b>			Mailing Address <b>215 UNION CAMP ROAD CRESCENT CITY FL 32112 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3409821</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VIENGKEO, HONGSAVADY 215 UNION CAMP RD CRESCENT CITY FL 32112</b>				7. Name and Address of New Registered Agent	
				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	TD.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIENGKEO, HONGSAVADY		NAME	SOHSACK PHOSAVATH	
STREET ADDRESS	215 UNION CAMP RD.		STREET ADDRESS	87605 US 17	
CITY- ST- ZIP	CRESCENT CITY FL 32112		CITY- ST- ZIP	CRESCENT CITY, Florida 32112	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANGCHONG, RINGKO		NAME		
STREET ADDRESS	ROUTE 2 BOX 1018-K		STREET ADDRESS		
CITY- ST- ZIP	CRESCENT CITY FL 32112		CITY- ST- ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANH, THIRAVONG		NAME		
STREET ADDRESS	127 STARLIGHT RD		STREET ADDRESS		
CITY- ST- ZIP	CRESCENT CITY FL 32112		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUNTHONG, CHANTHAVONG		NAME		
STREET ADDRESS	2443 ALAMANDA DR		STREET ADDRESS		
CITY- ST- ZIP	DELTONA FL 32738		CITY- ST- ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VORAKOUNE, KHAMKONE		NAME		
STREET ADDRESS	ROUTE 2 BOX 1018-M		STREET ADDRESS		
CITY- ST- ZIP	CRESCENT FL 32112		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SENGDAO, SENGKEUDOM		NAME		
STREET ADDRESS	124 STARLIGHT RD		STREET ADDRESS		
CITY- ST- ZIP	CRESCENT CITY FL 32112		CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/07

Date

Daytime Phone #