

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90061 018 ****70.00

DOCUMENT # N96000003969



1. Entity Name
PHOUTHA PASARAM BUDDHIST TEMPLE, INC.

Principal Place of Business Mailing Address
215 UNION CAMP ROAD **215 UNION CAMP ROAD**
CRESCENT CITY FL 32112 **CRESCENT CITY FL 32112**
US **US**

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 **59-3409821** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 **VIENGKEO HONGSAVADY**
Street Address (P.O. Box Number is Not Acceptable)
215 UNION CAMP RD.
City **CRESCENT CITY, FL** Zip Code **32112**

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 **VIENGKEO HONGSAVADY** **01/06/03**
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIENGKEO HONGSAVADY	
STREET ADDRESS	215 UNION CAMP RD.	
CITY-ST-ZIP	CRESCENT CITY, FL 32112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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** **01/06/03** **(386)**
698-0921

CR2E037 (10/02)