

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90014 031 ****70.00

DOCUMENT # N96000004971					
1. Entity Name THE JACKSONVILLE CAMBODIAN BUDDHIST SOCIETY, INC. WAT SAVY RATTANARAM.					
Principal Place of Business 4540 CLINTON AVENUE JACKSONVILLE, FL 32207			Mailing Address 4540 CLINTON AVENUE JACKSONVILLE, FL 32207		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03132006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3450792				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENG, SITHONG 4540 CLINTON AVENUE JACKSONVILLE, FL 32207			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 reinstating) DATE</small>					
<input checked="" type="checkbox"/> Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P NAME HENG, SITHONG STREET ADDRESS 4540 CLINTON AVENUE CITY - ST - ZIP JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete				
TITLE V NAME YUN, KIM STREET ADDRESS 4556 ROCKY RIVER BROOK DR W. CITY - ST - ZIP JACKSONVILLE, FL 32224	<input type="checkbox"/> Delete				
TITLE SD NAME LANH, SREY STREET ADDRESS PO BOX 13201 CITY - ST - ZIP JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete				
TITLE VD NAME SOU, SAROEUN STREET ADDRESS 4807 GLIDING HAWKWAY CITY - ST - ZIP JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete				
TITLE TD NAME NHIEV, SAME STREET ADDRESS 7945 JOLLIER DR CITY - ST - ZIP JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/> Delete				
TITLE T NAME PO, SOKHA STREET ADDRESS 4540 CLINTON AVENUE CITY - ST - ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Sithong Heng</u> March 13, 2006 <u>(904) 739-5896</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					