

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90046 039 *****70.00

40028930



01282007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3450792 Applied For
Not Applicable

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

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

Filing 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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENG, SITHONG			NAME	Ven. TOUCH, YUN		
STREET ADDRESS	4540 CLINTON AVENUE			STREET ADDRESS	4540 Clinton Avenue		
CITY - ST - ZIP	JACKSONVILLE, FL 32207			CITY - ST - ZIP	Jacksonville, FL 32207-6859		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YUN, KIM			NAME			
STREET ADDRESS	5407 ROBERT SCOTT DR NORTH			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 322075960			CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANH, SREY			NAME			
STREET ADDRESS	PO BOX 13201			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32206			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOU, SAROEUN			NAME			
STREET ADDRESS	4807 GLIDING HAWKWAY			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32217			CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAN, THIM MR			NAME			
STREET ADDRESS	1739 STARWON RD EAST			STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32211			CITY - ST - ZIP			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOU, SAROCUN MR			NAME	Ven. NORM, MONY		
STREET ADDRESS	4807 GLIDING HAWKWAY			STREET ADDRESS	4540 Clinton Avenue		
CITY - ST - ZIP	JACKSONVILLE, FL 32217			CITY - ST - ZIP	Jacksonville, FL 32207-6859		

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: 03 / 01 / 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #