2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004971

FILED Mar 17, 2009 Secretary of State

Entity Name: THE JACKSONVILLE CAMBODIAN BUDDHIST SOCIETY, INC. WAT SAVY RATTANARAM.

Current Principal Place of Business: New Principal Place of Business: 4540 CLINTON AVENUE JACKSONVILLE, FL 32207 **Current Mailing Address: New Mailing Address:** 4540 CLINTON AVENUE JACKSONVILLE, FL 32207 FEI Number: 59-3450792 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENG, SITHONG 4540 CLINTON AVENUE JACKSONVILLE, FL 32207 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SITHONG, HENG MR Name: Name: 4540 CLINTON AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MONY, NROM VEN Name: VUTHY, HEM MR Address: 4540 CLINTON AVENUE Address: 10901 MERRYWOOD DR City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: () Change () Addition CHHON, PEL MR Name: Name: 6602 BLACKWOOD DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip: Title: () Delete Title: () Change () Addition PROM, CHAN VEN Name: Name: 4540 CLINTON AVENUE Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition SAROEUN, SOU MR Name: Name: 4807 GLIDING HAWKWAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: () Delete Title: () Change () Addition LANH, SREY MR Name: Name: Address: PO BOX 13201 Address: JACKSONVILLE, FL 32206 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SITHONG HENG P 03/17/2009