

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006499

FILED
Mar 08, 2008
Secretary of State

Entity Name: WAT MONGKOLRATANARAM OF FORT WALTON BEACH, INC.

Current Principal Place of Business:

741 MAYFLOWER AVENUE
FT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

741 MAYFLOWER AVENUE
FT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 11-3644201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHATGOR, SAWAT
811 PINEDALE ROAD
FT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MONGKOLRAJMUNI, PHRA
Address: 1911 RUSSELL ST.
City-St-Zip: BERKELEY, CA 94703

Title: D () Delete
Name: UNKAEW, PHRAMAHA SAWAT
Address: 741 MAYFLOWER AVENUE
City-St-Zip: FT WALTON BEACH, FL 32547

Title: V () Delete
Name: YIRUM, PREECHA
Address: 5306 PALM RIVER ROAD
City-St-Zip: TAMPA, FL 33619

Title: D () Delete
Name: AMPHAY, SANGVIENG
Address: 1614 MARIAH WAY E.
City-St-Zip: FT WALTON BEACH, FL 32547

Title: TD () Delete
Name: CHATGOR, SAWAT
Address: 811 PINEDALE RD.
City-St-Zip: FT WALTON BEACH, FL 32547

Title: D () Delete
Name: SANMUAN, NUNMANUS
Address: 741 MAYFLOWER AVE.
City-St-Zip: FT. WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: PHRA MONGKOLRAJMUNI

P

03/08/2008

Electronic Signature of Signing Officer or Director

Date