

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N07000007904

**Entity Name:** WAT PHRASOUK LAO BUDDHIST TEMPLE INC.

**Current Principal Place of Business:**

16030 E SECRETARIAT DR.  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

16030 E SECRETARIAT DR.  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 26-3333482

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIVONGSAY, KHAMPADITH  
16700 90TH ST N  
LOXAHATCHEE, FL 33470 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:** KHAMPADITH SIVONGSAY

06/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PHANLY, THONGDAM  
Address        754 ILEX CT  
City-State-Zip: LAKE PARK FL 33403

Title            VP  
Name            SIVILAY, VANTHONG  
Address        16030 E SECRETARIAL DR  
City-State-Zip: LOXAHATCHEE FL 33470

Title            VP  
Name            SAYASANE, EDDIE  
Address        810 NE 60TH ST  
City-State-Zip: OAKLAND PARK FL 33334

Title            SECRETARY  
Name            RATPANHYA, CHANTHANY  
Address        2864 CROTON LN  
City-State-Zip: LAKE PARK FL 33403

Title            ASST. SECRETARY  
Name            WONGPANICH, VIENGKHAM  
Address        649 NW 42ND ST  
City-State-Zip: OAKLAND PARK FL 33309

Title            TREASURER  
Name            SIVONGSAY, KHAMPADIT  
Address        16700 90TH ST N  
City-State-Zip: LOXAHATCHEE FL 33470

Title            ASST. TREASURER  
Name            SOUNDARA, FRANK  
Address        16030 E SECRETARIAL DR  
City-State-Zip: LOXAHATCHEE FL 33470

*I hereby 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 all other like empowered.*

**SIGNATURE:** KHAMPADIT SIVONGSAY

**TREASURER**

06/27/2021

Electronic Signature of Signing Officer/Director Detail

Date