

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000003969

**FILED**  
**Jan 04, 2016**  
**Secretary of State**  
**CC6059033753**

**Entity Name:** PHOUTHA PASARAM BUDDHIST TEMPLE, INC.

**Current Principal Place of Business:**

215 UNION CAMP ROAD  
CRESCENT CITY, FL 32112

**Current Mailing Address:**

215 UNION CAMP ROAD  
CRESCENT CITY, FL 32112 US

**FEI Number:** 59-3409822

**Certificate of Status Desired:** No

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

VORAKOUN, THAVONE  
161 UNION CAMP ROAD  
CRESCENT CITY, FL 32112 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:** THAVONE VORAKOUN

01/04/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name THYRAVONG, VANH  
Address 127 STARLIGHT DRIVE  
City-State-Zip: CRESCENT CITY FL 32112

Title VP  
Name CHANTHAVONG, BOUNTHONG  
Address 2443 ALAMANDA AVENUE  
City-State-Zip: DELTONA FL 32738

Title VPD  
Name PHOMMATHEP, BOUNNXOU  
Address 2783 S. HIGHWAY 17  
City-State-Zip: CRESCENT CITY FL 32112

Title VPA  
Name KEOVILAYVONG, NIAM  
Address 104 HICKORY DRIVE  
City-State-Zip: CRESCENT CITY FL 32112

Title ASST. TREASURER, SECRETARY  
Name VORAKOUN, THAVONE  
Address 161 UNION CAMP ROAD  
City-State-Zip: CRESCENT CITY FL 32112

Title TREASURER  
Name RINGKO, BANHCHONG  
Address 160 UNION CAMP ROAD  
City-State-Zip: CRESCENT CITY FL 32112

Title ASST. TREASURER  
Name CHANTHAVONG, DAMONE  
Address 2443 ALAMANDA AVENUE  
City-State-Zip: DELTONA FL 32738

Title ASST. TREASURER, ASST. SECRETARY  
Name CONNER, MARIA  
Address 454 HIGHWAY 17 S.  
City-State-Zip: EAST PALATKA FL 32131

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*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:** THAVONE VORAKOUN

**ASST. TREASURER,  
SECRETARY**

01/04/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR ADVISOR  
Name KEOMANICHANH , CHOU  
Address 328 TULANE DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title ADVISOR  
Name PANYANOUVONG, PHALY  
Address 163 UNION CAMP ROAD  
City-State-Zip: CRESCENT CITY FL 32112

Title ADVISOR  
Name CHAMPATHIVONG, CHIEM  
Address 150 UNION CAMP ROAD  
City-State-Zip: CRESCENT CITY FL 32112

Title ADVISOR  
Name VONGSAPHAY, XAYSONGKHAM  
Address 4394 STERLING ROAD  
City-State-Zip: PAISLEY FL 32767

Title ADVISOR  
Name CHANTHAVONG, KHAMPHONG  
Address 1431 ATLANTA AVENUE  
City-State-Zip: HOLLY HILL FL 32117

Title ADVISOR  
Name KEOVILAYVONG, BOUNKONG  
Address P.O. BOX 719  
City-State-Zip: DELEON SPRINGS FL 32130