2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004931

1. Entity Name
LOTUS LAKE DRIKUNG DZOGCHEN COMMUNITY, INC.

FILED
04 APR 22 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1501 S MAGNOLIA DRIVE TALLAHASSEE, FL 32301	1501 S MAGNOLIA DRIVE TALLAHASSEE, FL 32301

03082004 Chg-NP CR2E037 (10/03) 04

2. Principal Place of Business	3. Mailing Address
647 McDonnell Dr	647 McDonnell Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32310 Country: Leon	Zip: 32310 Country: Leon

4. FEI Number 04-3699867 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NORMANN, PAUL 1501 S MAGNOLIA DRIVE TALLAHASSEE, FL 32301	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 _____ Paul Normann, Coordinator 4/14/04
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NORMANN, PAUL 1501 SOUTH MAGNOLIA DRIVE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800035724788 05/06/04--01073--016 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOCHNER, ERIC 1241 NORTH ADAMS TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCCLEAN, JAMES P.O. BOX 20008 TALLAHASSEE, FL 32316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SMITH, ADAM 125 chapel Dr. Apt. 228 Tallahassee, FL 32304 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENWOOD, CAROL 2053 WHITE ASH WAY TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ERICHSON, RON 1117 BEACHUM DRIVE TALLAHASSEE, FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Paul Normann, Coordinator 4/14/04 222-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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