

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90399 015 ****61.25

DOCUMENT # N02000004931 1. Entity Name LOTUS LAKE BUDDHIST COMMUNITY, INC.					
Principal Place of Business 647 MCDONNELL DRIVE TALLAHASSEE, FL 32310			Mailing Address 647 MCDONNELL DRIVE TALLAHASSEE, FL 32310		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04012006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 04-3699867	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORMANN, PAUL 1501 S MAGNOLIA DRIVE TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name RALPH DOUGHERTY Street Address (P.O. Box Number is Not Acceptable) 1006 WAVERLY RD. City TALLAHASSEE FL Zip Code 32312-2814	
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 <u><i>Ralph Dougherty</i></u> DATE 4-10-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	C/D WARK, JOHN 1329 S. MAIN AVE. MONTICELLO, FL. 32344	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOCHNER, ERIC 1241 NORTH ADAMS TALLAHASSEE, FL 32303	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARCHI BALD, KATHY 7100 ROBERTS AVE. TALLAHASSEE - FL - 32309	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LONGMAN, HEATHER 1509 LOEAINY AVE LN TALLAHASSEE, FL 32317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D LONGMAN, HEATHER 1006 BRAFFONTON DR. TALLAHASSEE, FL 32311	☒ 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	T/D GREENWOOD, CAROL 2053 WHITE ASH WAY TALLAHASSEE, FL 32308	☒ 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	D DOUGHERTY, RALPH 1006 WAVERLY RD TALLAHASSEE, FL 32312-2814	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASONBRINK, MARC 5130 YANCEY ST TALLAHASSEE, FL 32303	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Carol Greenwood</i></u> CAROL GREENWOOD			Date 4-15-06 Daytime Phone # 850-410-0586		