

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005875

FILED
Jan 07, 2008
Secretary of State

Entity Name: AMERICAN BUDDHIST SANGHA INC.

Current Principal Place of Business:

5610 SW 37 STREET
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

5610 SW 37 STREET
DAVIE, FL 33314

New Mailing Address:

FEI Number: 20-4990982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, MICHAEL
5610 SW 37 STREET
DAVIE, FL 33314 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: PD () Delete
Name: NOLAN, MICHAEL REV.
Address: 5610 SW 37 STREET
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: NOLAN, FLORENCE
Address: 5610 SW 37 STREET
City-St-Zip: DAVIE, FL 33314

Title: TD () Delete
Name: LACKEY, MELANIE
Address: 5610 SW 37 STREET
City-St-Zip: DAVIE, FL 33314

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:

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: MICHAEL NOLAN

PD

01/07/2008

Electronic Signature of Signing Officer or Director

_____ Date