## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003881

Apr 04, 2005 Secretary of State

Entity Name: JACKSONVILLE ZEN SANGHA, INC. **Current Principal Place of Business: New Principal Place of Business:** 2014 PERRY PLACE JACKSONVILLE, FL 322073445 **Current Mailing Address: New Mailing Address:** 2014 PERRY PLACE JACKSONVILLE, FL 322073445 FEI Number: 59-3222223 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TILLEY, EA 1212 14TH AVENUE NORTH 8342 COMPASS ROSE DRIVE SOUTH JACKSONVILLE BEACH, FL 32250 US JACKSONVILLE, FL 32216 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: E. A. TILLEY 04/04/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TILLEY, E.A. Name: Name: 8342 COMPASS ROSE DRIVE SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: PD () Delete Title: () Change () Addition LEWIS, ROBERT E Name: Name: Address: 2014 PERRY PLACE Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: () Delete Title: () Change () Addition BELL, L. ANDREW Name: Name: 3557 HEDRICK ST Address: Address: City-St-Zip: JACKSONVILLE, FL 322059445 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: MARCRUM, LARRY Name: Address: 721 WATER OAK LANE Address: City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT E. LEWIS PD 04/04/2005