

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90016 031 ****70.00

DOCUMENT # N93000003881

1. Entity Name
JACKSONVILLE ZEN SANGHA, INC.



Principal Place of Business
**2014 PERRY PLACE
JACKSONVILLE FL 32207-3445**

Mailing Address
**2014 PERRY PLACE
JACKSONVILLE FL 32207-3445**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3222223**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TILLEY, E A
1212 14TH AVENUE NORTH
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	TILLEY, E.A.	
STREET ADDRESS	1212 14TH AVE. N.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HAILE, MARCUS	
STREET ADDRESS	1514 PERSHING RD	
CITY-ST-ZIP	JACKSONVILLE FL 32205-9215	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LEWIS, ROBERT E	
STREET ADDRESS	%V CHURCH, 7405 ARLINGTON EXPWY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, L. ANDREW	
STREET ADDRESS	3557 HEDRICK ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205-9445	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAYHEW, WILLIAM E	
STREET ADDRESS	1870 N SHERRY DR	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233-4517	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: *[Signature]* SIGNATURE REQUIRED: *1/10/03* 2-14-03 (904) 620-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR