2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003579

Entity Name: KANCHA BUDDHIST CENTER INC.

FILED Feb 08, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

422 CENTRAL AVENUE 2016 LOCKWOOD RIDGE ROAD SARASOTA, FL 34236 SARASOTA, FL 34234

Current Mailing Address: New Mailing Address:

422 CENTRAL AVENUE 2016 LOCKWOOD RIDGE ROAD SARASOTA, FL 34236 SARASOTA, FL 34234

FEI Number: 65-0944589 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

HANSEN, WILLIAM H HANSEN, WILLIAM H 2016 LOCKWOOD RIDGE ROAD **422 CENTRAL AVENUE** SARASOTA, FL 34236 US SARASOTA, FL 34234

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: WILLIAM HANSEN 02/08/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

BARRETT, ELIZABETH BARRETT, ELIZABETH Name: Name: 422 CENTRAL AVENUE Address: 2016 LOCKWOOD RIDGE ROAD Address:

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34234

Title: () Delete Title:

(X) Change () Addition TRACEY, SANDRA Name: TRACEY, SANDRA Name:

Address: 422 CENTRAL AVENUE Address: 2016 LOCKWOOD RIDGE ROAD

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34234

Title: () Delete Title: (X) Change () Addition SINGH, KATHLEEN SINGH, KATHLEEN Name: Name:

422 CENTRAL AVENUE 2016 LOCKWOOD RIDGE ROAD Address: Address:

City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34234

Title: () Delete Title: (X) Change () Addition

Name: FERDINAND, RUSS Name: HANSEN, WILLIAM 2016 LOCKWOOD RIDGE ROAD

Address: 422 CENTRAL AVENUE Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34234

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: WILLIAM HANSEN MR 02/08/2005