2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N99000003579

KADAMPA MEDITATION CENTER FLORIDA, INC.



FILED Mar 05, 2008 08:00 **Secretary of State**

Principal Place of Business

2016 LOCKWOOD RIDGE ROAD SARASOTA, FL 34234

Mailing Address

2016 LOCKWOOD RIDGE ROAD SARASOTA, FL 34234



DO NOT WRITE IN THIS SPACE

03032008 No Chg-NP

CR2E037 (4/06)

65-0944589

Applied Fo Not Applic

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERDINAND, RUSSELL 2016 LOCKWOOD RIDGE ROAD SARASOTA, FL 34234

DO NOT WRITE IN THIS SPACE

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 according to the purpose of changing its registered agent. 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

Filing Fee is \$61.25

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. Due by May 1, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME BARRETT, ELIZABETH STREET ADDRESS 2016 LOCKWOOD RIDGE ROAD CITY-ST-ZIP SARASOTA, FL 34234 TITLE NAME TRACEY, SANDRA STREET ADDRESS 2016 LOCKWOOD RIDGE ROAD CITY-ST-ZIP SARASOTA, FL 34234 D TITLE NAME SINGH, KATHLEEN STREET ADDRESS 2016 LOCKWOOD RIDGE ROAD CITY-ST-ZIP SARASOTA, FL 34234 TITLE D NAME ZINN, JOHN STREET ADDRESS 2016 LOCKWOOD RIDGE ROAD COTY-ST-ZIP SARASOTA, FL 34234 TITLE NAME COWING, STEPHEN P STREET ADDRESS PRIORY RD CITY-\$7-ZIP ULVERSTON, CUMBRIA LA12 9QQ, TITLE NAME GRADWELL, HELEN STREET ADDRESS **PRIORY ROAD** CITY-ST-ZIP ULVERSTON, CUMBRIA LA12 9QQ

U000000848215 03/20/08-80008-014 61.25

DO NOT WRITE IN THIS SPACE

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 informati 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 direct of the corporation or the receiver or twistee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block.