

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 28, 2010
Secretary of State

DOCUMENT# N99000003579

Entity Name: KADAMPA MEDITATION CENTER FLORIDA, INC.**Current Principal Place of Business:**2016 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34234 US**New Principal Place of Business:****Current Mailing Address:**2016 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34234 US**New Mailing Address:****FEI Number:** 65-0944589**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VILLALON, ANDRES E
2016 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34234 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: D
Name: WRIGHT, HEATHER
Address: MANJUSHRI KMC - PRIORY RD
City-St-Zip: ULVERSTON, CU LA129QQ UK

Title: VC
Name: COWING, STEVE
Address: MANJUSHRI KMC - PRIORY RD
City-St-Zip: SARASOTA, FL 34234 US

Title: PSO
Name: VILLALON, ANDRES E
Address: 2016 N LOCKWOOD RIDGE RD
City-St-Zip: SARASOTA, FL 34234 US

Title: D
Name: ALLEGRE, MARY
Address: 3671 COUNTRY PLACE BLVD
City-St-Zip: SARASOTA, FL 34233

Title: T
Name: TORIELLO, WILLIAM J
Address: 2016 N LOCKWOOD RIDGE RD
City-St-Zip: SARASOTA, FL 34234 US

Title: C
Name: KELSANG, RABCHOG
Address: MANJUSHRI KMC - PRIORY RD
City-St-Zip: ULVERSTON, CUMBRIA, CU LA12 9QQ UK

I hereby 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 all other like empowered.

SIGNATURE: ANDRES VILLALON

PSO

07/28/2010

Electronic Signature of Signing Officer or Director

Date