#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004931

Entity Name: TALLAHASSEE BUDDHIST COMMUNITY, INC.

FILED
Apr 30, 2021
Secretary of State
7554547727CC

### **Current Principal Place of Business:**

414 E CAROLINA ST TALLAHASSEE. FL 32301

## **Current Mailing Address:**

414 E CAROLINA ST

TALLAHASSEE. FL 32301 US

FEI Number: 04-3699867 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BETANCOURT, JAVIER 414 E CAROLINA ST TALLAHASSEE, FL 32301 US

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: JAVIER BETANCOURT 04/30/2021

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	PRESIDENT	Title	SECRETARY
Name	BETANCOURT, JAVIER	Name	CARR, KATHLEEN
Address	414 E CAROLINA ST	Address	414 E CAROLINA ST
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

Title **TREASURER** Title VΡ Name DRZEWUCKI, RON Name MARKELL, LYNN Address 414 E CAROLINA ST Address 414 E CAROLINA ST City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

TitleDIRECTORTitleDIRECTORNamePLOUFFE, IANNameSHIKE, CHRIS

Address 414 E CAROLINA ST Address 414 E CAROLINA ST

City-State-Zip: TALLAHASSEE FL 32301 City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR Title DIRECTOR

NameSUBRAMANIAN, VIJAYNameQUINTERO, MARIAAddress414 E CAROLINA ST414 E CAROLINA STCity-State-Zip:TALLAHASSEE FL 32301City-State-Zip: TALLAHASSEE FL 32301

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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: JAVIER ANTONIO BETANCOURT

**PRESIDENT** 

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR

Name HEURMANN, SARAH Address 414 E CAROLINA ST

City-State-Zip: TALLAHASSEE FL 32301