**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 14, 2016**
**Secretary of State**
**CC7088428994**

DOCUMENT# N02000004931

**Entity Name:** TALLAHASSEE BUDDHIST COMMUNITY, INC.

**Current Principal Place of Business:**

647 MCDONNELL DRIVE
TALLAHASSEE, FL 32310

**Current Mailing Address:**

647 MCDONNELL DRIVE
TALLAHASSEE, FL 32310

**FEI Number: 04-3699867**

**Certificate of Status Desired:** No

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

BILL BODIFORD
647 MCDONNELL DRIVE
TALLAHASSEE, FL 32310 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | BODIFORD, BILL |
| Address | 647 MCDONNELL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32310 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BERTELSEN, KARL |
| Address | 647 MCDONNELL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32310 |

| | |
|---|---|
| Title | VICE PRESIDENT & SECRETARY |
| Name | CARR, KATHLEEN |
| Address | 647 MCDONNELL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32310 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SPEARING, BETSY |
| Address | 647 MCDONNELL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32310 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | GLOCK, FRED |
| Address | 647 MCDONNELL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32310 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | DOUGHERTY, RALPH |
| Address | 647 MCDONNELL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32310 |

| | |
|---|---|
| Title | TREASURER |
| Name | OGLESBY, BRET |
| Address | 647 MCDONNELL DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32310 |

*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: BILL BODIFORD REGISTERED AGENT 04/14/2016

Electronic Signature of Signing Officer/Director Detail — Date