

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010506

**Entity Name:** SAMADHI BUDDHIST MEDITATION CENTER INC.**Current Principal Place of Business:**5908 67TH AVE. N.  
PINELLAS PARK, FL 33781**Current Mailing Address:**5908 67TH AVE N  
PINELLAS PARK, FL 33781**FEI Number: 13-4311473****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PELIYAGODA, SUDARSHANA  
5908 67TH AVE  
PINELLAS PARK, FL 33781 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 PD  
Name PELIYAGODA, SUDARSHANA B  
Address 5908 67TH AVE  
City-State-Zip: PINELLAS PARK FL 33781

Title TD  
Name BAIRD, NANCY  
Address 7858 10TH AVE S  
City-State-Zip: ST.PETERSBURG FL 33708

Title D  
Name LANE, DORAN  
Address 1410 PEGGYS WAY  
City-State-Zip: GRAHAM NC 27253

Title DIRECTOR  
Name CASTELLANO, GINA  
Address 3234 10TH AVE  
#105  
City-State-Zip: ST.PETERSBURG FL 33713

Title SECRETARY, DIRECTOR  
Name COFFEY, MAUREEN BURNS  
Address 9950 62ND AVE  
City-State-Zip: ST,PETERSBURG FL 33708

Title D  
Name PIYANANDA, W  
Address 1847 CRENSHAW BLVD  
City-State-Zip: LOS ANGELES CA 90019

Title D  
Name LE, MINH THU D  
Address 12492 EMPRESS CT  
City-State-Zip: APPLE VALLY MN 55124-8237

*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: SUDARSHANA PELIYAGODA****PRESIDENT****02/12/2023**

Electronic Signature of Signing Officer/Director Detail

Date