

2018 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: Yes****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	SECRETARY, DIRECTOR
Name	CASTELLANO, GINA
Address	3234 10TH AVE. N
City-State-Zip:	ST,PETERSBURG FL 33713

Title	TD
Name	BAIRD, NANCY
Address	7858 10TH AVE S
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	LANE, DORAN
Address	6445 109TH AVE N
City-State-Zip:	PINELLAS PARK FL 33782

Title	D
Name	STEERS, SUSEELA
Address	200 TUNNEL ROAD APT,407
City-State-Zip:	ASHEVILLE NC 28805

Title	DIRECTOR
Name	NAPPIER, KATHY
Address	5753 HWY 85 NORTH 4922
City-State-Zip:	CRESVIEW FL 32536

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****03/04/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date