d entity submits this statement for the purpose of changing its r	registered office or regis	tered agent, or both, in the State of Florida.
Ξ:		
Electronic Signature of Registered Agent		
ctor Detail :		
PD	Title	VDTS
POOCHAREON, NOPPORN	Name	POOCHAREON, NIVIT
9475 SW 69TH AVENUE	Address	9475 SW 69TH AVENUE
MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156
	Electronic Signature of Registered Agent Ctor Detail : PD POOCHAREON, NOPPORN 9475 SW 69TH AVENUE	Electronic Signature of Registered Agent         ctor Detail :         PD       Title         POOCHAREON, NOPPORN       Name         9475 SW 69TH AVENUE       Address

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE BUDDHIST ASSOCIATION OF SOUTH FLORIDA INC

## **Current Mailing Address:**

15200 SW 240 STREET MIAMI, FL 33032

DOCUMENT# N07000010362

**Current Principal Place of Business:** 

9475 SW 69TH AVENUE MIAMI. FL 33156

## FEI Number: 26-1287082

## Name and Address of Current Registered Agent:

POOCHAREON, NOPPORN 9475 SW 69 AVE MIAMI, FL 33156 US

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: NIVIT POOCHAREON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/29/2014

Date

Date

VP