

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

DOCUMENT# N99000003579

**Entity Name:** KADAMPA MEDITATION CENTER FLORIDA, INC.

**Current Principal Place of Business:**

730 N WASHINGTON BLVD  
SARASOTA, FL 34236

**Current Mailing Address:**

PO BOX 4037  
SARASOTA, FL 34230 US

**FEI Number: 65-0944589**

**Certificate of Status Desired: No**

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

KADAMPA MEDITATION CENTER FLORIDA  
730 N WASHINGTON BLVD  
SARASOTA, FL 34236 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: ANIKA TRANCIK**

**04/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title BOARD MEMBER, GSD  
Name WRIGHT, HEATHER  
Address MANJUSHRI KMC  
CONISHEAD PRIORY PRIORY ROAD  
(A5087 COAST ROAD)  
City-State-Zip: ULVERSTON CUMBRIA LA12 9QQ

Title BOARD MEMBER, GEN.SECRETARY  
OF EDUCATION COUNCIL  
Name COWING, STEVE  
Address MANJUSHRI KMC  
CONISHEAD PRIORY PRIORY ROAD  
(A5087 COAST ROAD)  
City-State-Zip: ULVERSTON CUMBRIA LA12 9QQ

Title ADMINISTRATIVE DIRECTOR  
Name TRANCIK, ANIKA DR.  
Address 730 N WASHINGTON BLVD  
City-State-Zip: SARASOTA FL 34237

Title BOARD MEMBER  
Name GORDON, LARRY  
Address PO BOX 4037  
City-State-Zip: SARASOTA FL 34230

*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: ANIKA TRANCIK**

**ADMINISTRATIVE  
DIRECTOR**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date