

2021 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

01/30/2021

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 ADMINISTRATIVE DIRECTOR
Name PARKER, CINDY
Address 730 N WASHINGTON BLVD
City-State-Zip: SARASOTA FL 34236

Title BOARD MEMBER
Name TRACEY, SANDY SUE
Address PO BOX 4037
City-State-Zip: SARASOTA FL 34230

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 BOARD MEMBER
Name GURNEY, LANCE
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: CINDY PARKER**ADMINISTRATOR
DIRECTOR**

01/30/2021

Electronic Signature of Signing Officer/Director Detail

Date