

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003882

FILED
Apr 20, 2012
Secretary of State

Entity Name: KADAMPA MEDITATION CENTER NEW YORK INCORPORATED

Current Principal Place of Business:

KADAMPA MEDITATION CENTER NEW YORK
47 SWEENEY ROAD
GLEN SPEY, NY 12737

New Principal Place of Business:

Current Mailing Address:

KADAMPA MEDITATION CENTER NEW YORK
47 SWEENEY ROAD
GLEN SPEY, NY 12737

New Mailing Address:

KADAMPA MEDITATION CENTER NEW YORK
PO BOX 447
GLEN SPEY, NY 12737

FEI Number: 14-1822928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VILLALON, ANDRES EMILIO
2016 N LOCKWOOD RIDGE ROAD
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

KADAMPA MEDITATION CENTER FLORIDA, INC
730 NORTH WASHINGTON BOULEVARD
SARASOTA, FL 34237 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: BRIANNA GROSHON

04/20/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: WRIGHT, HEATHER
Address: MANJUSHRI KADAMPA MEDITATION CENTRE
City-St-Zip: CONISHEAD PRIORY,ULVERSTON,C, XX UK

Title: D
Name: COWING, STEVE
Address: MANJUSHRI KADAMPA MEDITATION CENTRE
City-St-Zip: CONISHEAD PRIORY,ULVERSTON,C, XX UK

Title: D
Name: ZELENICK, MARY
Address: 47 SWEENEY RD
City-St-Zip: GLEN SPEY, NY 12737 US

Title: PS
Name: CHARLES, KATHRYN E
Address: 47 SWEENEY ROAD
City-St-Zip: GLEN SPEY, NY 12737

Title: T
Name: KLUSENDORF, LISA
Address: 47 SWEENEY ROAD
City-St-Zip: GLEN SPEY, NY 12737

Title: D
Name: RICE, LYNDIA
Address: 47 SWEENEY ROAD
City-St-Zip: GLEN SPEY, NY 12737

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: LISA KLUSENDORF

T

04/20/2012

Electronic Signature of Signing Officer or Director

Date