


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90462 046 ****61.25

DOCUMENT # N00000000197 1. Entity Name KARMA THEGSUM CHOLING, GAINESVILLE, INC.	
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Principal Place of Business 2510 N.W. 162ND STREET NEWBERRY, FL 32669	Mailing Address 2510 N.W. 162ND STREET NEWBERRY, FL 32669
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04292004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3644293	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LEHMAN, TERRY 2510 N.W. 162ND STREET NEWBERRY, FL 32669
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8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Kathy Lehman</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/04</u>
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEHMAN, TERRY 2510 N.W. 162ND STREET NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRAGIEL, LUCIAN 2510 N.W. 162ND STREET NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEHMAN, KATHRYN 2510 N.W. 162ND STREET NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MERRITT, LUCINDA F 2510 N.W. 162ND STREET NEWBERRY, FL 32669 delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KRAGIEL, SUZANNE 2510 N.W. 162ND STREET NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOLE, DAVID 2510 N.W. 162ND STREET NEWBERRY, FL 32669 delete

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Kathy Lehman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>4/20/04</u> Date	DAYTIME PHONE # <u>352-395-4491</u> Daytime Phone #
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