


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

**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000000626</b> 1. Entity Name FLORIDA DHARMA RETREAT CENTER, INC.	
---	---

Principal Place of Business 3105 NW 38TH STREET GINESVILLE, FL 32606	Mailing Address 3105 NW 38TH STREET GINESVILLE, FL 32606
--	--

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3674212	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
KRAGIEL, LUCIAN  
3105 NW 38TH STREET  
GINESVILLE, FL 32606

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAGIEL, LUCIAN 3105 NW 38TH STREET GINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLE, JOY 3105 NW 38 ST GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMAN, TERRY 3105 NW 38TH STREET GINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNQUIST, MICHAEL 3105 NW 38TH STREET GINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, CRALLE 3105 NW 38TH STREET GINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, MICHAEL 3105 NW 38TH STREET GINESVILLE, FL 32606

000000059563  
02/23/04-80004-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **LUCIAN KRAGIEL** 2-18-04 352-378-0521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #