


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000626	
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
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3674212	Applied For <input type="checkbox"/> 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

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is \$61.25 Due by May 1, 2005	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 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

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01/26/05-80004-014 61.25

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:  1-13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #