

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002790

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: TAMPA BAY KARMA THEGSUM CHOLING, INC.

**Current Principal Place of Business:**

13515 LAKE MAGDALENE BLVD.  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10186  
TAMPA, FL 336790186

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HALL, CRALLE H  
13515 LAKE MAGDALENE BLVD.  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: CROCKETT, PETER  
Address: PO BOX 2783  
City-St-Zip: ST. PETERSBURG, FL 33731

Title: D ( ) Delete  
Name: VAN HAGHT, DADE  
Address: 490 BOSPHORUS AVE  
City-St-Zip: TAMPA, FL 33606

Title: V ( ) Delete  
Name: GRABAU, DAVID DR.  
Address: 7806 LEMONWOOD CT.  
City-St-Zip: TAMPA, FL 33637

Title: S ( ) Delete  
Name: GWEN, HANNER  
Address: 5701 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33604

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HANNER, GWEN  
Address: 5701 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33604

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER CROCKETT

T

03/09/2009

Electronic Signature of Signing Officer or Director

Date