

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004931

FILED
Apr 22, 2009
Secretary of State

Entity Name: TALLAHASSEE BUDDHIST COMMUNITY, INC.

Current Principal Place of Business:

647 MCDONNELL DRIVE
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

647 MCDONNELL DRIVE
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 04-3699867

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RALPH DOUGHERTY
1006 WAVERLY RD
TALLAHASSEE, FL 323122814 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: D () Delete
Name: BODIFORD, WILLIAM
Address: 1818 ATAPHA NENE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MASONBRINK, MAUREEN
Address: 5130 YANCEY STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SANDSTRUM, JOHN
Address: 3129 SHAMROCK EAST
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: GREENWOOD, CAROL
Address: 2053 WHITE ASH WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: CD () Delete
Name: DOUGHERTY, RALPH
Address: 1006 WAVERLY RD
City-St-Zip: TALLAHASSEE, FL 323122814

Title: D () Delete
Name: MASONBRINK, MARC
Address: 5130 YANCEY ST
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: PARISH, ALLISON
Address: 855 VIOLET STREET
City-St-Zip: TALLAHASSEE, FL 32308

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: D (X) Change () Addition
Name: CARR, KATHLEEN
Address: 1819 DORIC DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

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: CAROL GREENWOOD

TD

04/22/2009

Electronic Signature of Signing Officer or Director

Date