

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007800

FILED
Jan 12, 2005
Secretary of State

Entity Name: FLORIDA VIPASSANA ASSOCIATION, INC.

Current Principal Place of Business:

5495 LOVETT DR
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

5495 LOVETT DR
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 13-4241360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WTIPIL, AURORA
5495 LOVETT DR.
SEBRING, FL 32953 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: P () Delete
Name: HEACOCK, KIM
Address: 2713 NE LAKEVIEW DR.
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: BRAVO, GABRIELA
Address: 1200 NE 97TH ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: S () Delete
Name: WTIPIL, AURORA
Address: 5495 LOVETT DR.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: S () Delete
Name: PABBY, SAKET
Address: 1114 GENOA ST.
City-St-Zip: CORRAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: CONTRERAS, M GABRIELA
Address: 1200 NE 97TH ST.
City-St-Zip: MIAMI SHORES, FL 33138

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: M GABRIELA CONTRERAS

T

01/12/2005

Electronic Signature of Signing Officer or Director

Date