2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# N03000010584

Entity Name: TIBETAN MEDITATION CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

20 WEST UNIVERSITY AVE
SUITE 301 T
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

20 WEST UNIVERSITY AVE
SUITE 301 T
GAINESVILLE, FL 32601

New Mailing Address:

FEI Number: 20-0434724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATE, ANGELA
20 WEST UNIVERSITY AVE
SUITE 301 V
GAINESVILLE, FL 32601 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: PATE, ANGELA
Address: 20 WEST UNIVERSITY AVE #301
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: LONG, RACHEL
Address: 20 WEST UNIVERSITY AVE #301
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: MIXON, ELIZABETH
Address: 20 WEST UNIVERSITY AVE #301
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete
Name: EMMERICH, D
Address: 1001 S WEDGEWAY
City-St-Zip: MONTGOMERY VILLAGE, MD 20886

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: ( ) 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: ANGELA PATE D 05/02/2004

Electronic Signature of Signing Officer or Director — Date