

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006076

FILED  
Mar 27, 2008  
Secretary of State

**Entity Name:** WHITE SANDS BUDDHIST CENTER, INC.

**Current Principal Place of Business:**

4640 KNOT DR.  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

4640 KNOT DR.  
MIMS, FL 32754

**New Mailing Address:**

**FEI Number:** 20-3044915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAU, DUC M  
4628 WARRINGTON DR.  
ORLANDO, FL 32826 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: PD ( ) Delete  
Name: QUANG, THINH C  
Address: 4640 KNOT DR.  
City-St-Zip: MIMS, FL 32754

Title: SD ( ) Delete  
Name: CHAU, DUC M  
Address: 4628 WARRINGTON DR  
City-St-Zip: ORLANDO, FL 32826

Title: VD ( ) Delete  
Name: CHAU, SON L  
Address: 800 LONG LAKE DR  
City-St-Zip: ORLANDO, FL 32765

Title: TD ( ) Delete  
Name: NGUYEN, TRUC T  
Address: 800 LONG LAKE DR  
City-St-Zip: ORLANDO, FL 32765

Title: D ( ) Delete  
Name: HO, MINH K  
Address: 4735 ROSE HILL ROAD  
City-St-Zip: GAARLAND, TX 75043

Title: D ( ) Delete  
Name: MAI, BON  
Address: 501 NORTH E STREET  
City-St-Zip: STOCKTON, CA 95205

**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:

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 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: TRUC NGUYEN

TD

03/27/2008

Electronic Signature of Signing Officer or Director

Date