

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009498

FILED
Apr 01, 2009
Secretary of State

Entity Name: MAITREYA KADAMPA BUDDHIST CENTER, INC

Current Principal Place of Business:

241 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

85 SAILFISH DRIVE EAST
ATLANTIC BEACH, FL 32233

Current Mailing Address:

241 ATLANTIC BLVD
NEPTUNE BEACH, FL 32266

New Mailing Address:

85 SAILFISH DRIVE EAST
ATLANTIC BEACH, FL 32233

FEI Number: 94-3450619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIANI, DONNA E
112 SEYCHELLES CT
ST AUGUSTINE, FL 32080 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: DIR () Delete
Name: BIALOGLOW, DIANNE M
Address: 785 OAKLEAF PLANTATION PKY # 534
City-St-Zip: ORANGE PARK, FL 32065

Title: DIR () Delete
Name: MIANI, DONNA E
Address: 112 SEYCHELLES CT
City-St-Zip: ST AUGUSTINE, FL 32080

Title: DIR () Delete
Name: COREY, CYNTHIA L
Address: 394 EIGHT ST
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DIR () Delete
Name: REYNOLDS, JOSEPH L III
Address: 11938 OLDFIELD POINT DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

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 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: DONNA E MIANI

TREA

04/01/2009

Electronic Signature of Signing Officer or Director

Date