

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32385

FILED
Apr 02, 2009
Secretary of State

Entity Name: INTERNATIONAL ZEN INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

3860 CRAWFORD AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3860 CRAWFORD AVENUE
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 65-0171436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOR, HENRY
3860 CRAWFORD AVENUE
MIAMI, FL 33133 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: TD () Delete
Name: POOR, MARY ANNE
Address: 7921 SW 129 TERR
City-St-Zip: MIAMI, FL 33156 US

Title: PD () Delete
Name: POOR, HENRY W
Address: 7921 SW 129 TERR
City-St-Zip: MIAMI, FL 33156 US

Title: SD () Delete
Name: CUMINS, SUSAN
Address: 3512 PONCE DE LEON BLVD
City-St-Zip: MIAMI, FL 33134 US

Title: D () Delete
Name: EINSPRUCH, FRANKLIN
Address: 1900 SW 21 AVE
City-St-Zip: MIAMI, FL 33145 US

Title: D () Delete
Name: MITCHELL, DAVID
Address: 6700 SANTONA
City-St-Zip: CORAL GABLES, FL 33146 US

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:

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: HENRY W POOR

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date