2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N44704

TI FILED
Sep 01, 2006
Secretary of State

Entity Name: DZOGCHEN BUDDHIST SOCIETY OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

3111 N TAMPA ST TAMPA, FL 33603

Current Mailing Address: New Mailing Address:

P.O. BOX 374 15808 NW 90TH STREET TAMPA, FL 33601 US ALACHUA, FL 32615 US

FEI Number: 59-3089107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HALE, CHRISTINE

2002 S. HABANA AVE. #B

TAMPA, FL 33629 US

BEAN, LINDA

15808 NW 90TH STREET

ALACHUA, FL 32615 US

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: LINDA BEAN 09/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 KAZI, TSEDE,
 Name:
 SEMLA SANGEY CHODRIN, KAZI

 Address:
 3111 N. TAMPA ST
 Address:
 3111 N. TAMPA ST

City-St-Zip: TAMPA, FL 33603 City-St-Zip: TAMPA, FL 33603

Title: SD () Delete Title: () Change () Addition

 Name:
 MCINTYRE, RICHARD
 Name:

 Address:
 101 E KENNEDY BLVD, STE 2700
 Address:

 City-St-Zip:
 TAMPA, FL 33602
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 HALE, CHRISTINE
 Name:
 BEAN, STEVEN

 Address:
 2002 S. HABANA AVE. #B
 Address:
 15808 NW 90TH STREET

 City-St-Zip:
 TAMPA, FL 33629
 City-St-Zip:
 ALACHUA, FL 32615

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 BEAN, LINDA

 Address:
 Address:
 15808 NW 90TH STREET

 City-St-Zip:
 City-St-Zip:
 ALACHUA, FL 32615

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA BEAN SD 09/01/2006