

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002381 (0)

1. Corporation Name

RNING-MA-PA BUDDHIST CENTER, INC.



Principal Place of Business

Mailing Address

209 TROUT RIVER DRIVE
JACKSONVILLE FL 32208209 TROUT RIVER DRIVE
JACKSONVILLE FL 32208-42493. Date Incorporated or Qualified
06/01/19953a. Date of Last Report
03/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3324538Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ULBRICH, ROBERT G
6802 NORTH MAIN STREET
JACKSONVILLE FL 32208

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME THRONSOHNAUS, A.M. VON
STREET ADDRESS 455 TROUT RIVER DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32208

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE D
NAME THRONSOHNAUS, CHRISTINE
STREET ADDRESS 455 TROUT RIVER DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32208

DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE D
NAME TENDZIN, TSA TSA (TZEN)
STREET ADDRESS 209 TROUT RIVER DR.
CITY - ST - ZIP JACKSONVILLE FL 32208

DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE D
NAME RINPOCHE, TULKU A
STREET ADDRESS 209 TROUT RIVER DR.
CITY - ST - ZIP JACKSONVILLE FL 32208

DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE D
NAME TIENSZIN, SABGAR S
STREET ADDRESS 209 TROUT RIVER DR.
CITY - ST - ZIP JACKSONVILLE FL 32208

DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Lukulachung Rinpoche

6 January 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0006085

CR2E037 (9/96)