

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003371 (0)**  
1. Corporation Name

**BURMESE BUDDHIST ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**136 PINE HILLS ROAD  
ORLANDO FL 32811**

**136 PINE HILLS ROAD  
ORLANDO FL 32811**

3. Date Incorporated or Qualified

**07/12/1995**

4. FEI Number

**59-3326382**

Applied For

Not Applicable

2. Principal Place of Business

**21 3107 OHIO AVENUE**

2a. Mailing Address

**26 3107 OHIO AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 SANFORD, FL.**

**28 SANFORD, FL**

Zip

Country

Zip

Country

**24 32771**

**25 U.S.A.**

**29 32771**

**30 U.S.A.**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIN, MAUNG N  
136 PINE HILLS ROAD  
ORLANDO FL 32811**

81 Name

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

**5303 OLD WINTER GARDEN RD.**

83

84

City **ORLANDO**

FL

85 Zip Code **32811**

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 ☐ DELETE

**D  
NAME KYAW, KO  
STREET ADDRESS 2264 IPSDEN ST.  
CITY-ST-ZIP ORLANDO FL 32837**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME KIN, U  
STREET ADDRESS 11779 CUXHAM CT  
CITY-ST-ZIP ORLANDO FL 32837**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME OO, KO KO  
STREET ADDRESS 4864 WALDEN CIRCLE APT 411  
CITY-ST-ZIP ORLANDO FL 32811**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME OO, KO KO  
STREET ADDRESS 4864 WALDEN CIRCLE APT 411  
CITY-ST-ZIP ORLANDO FL 32811**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME OO, KO KO  
STREET ADDRESS 4864 WALDEN CIRCLE APT 411  
CITY-ST-ZIP ORLANDO FL 32811**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME OO, KO KO  
STREET ADDRESS 4864 WALDEN CIRCLE APT 411  
CITY-ST-ZIP ORLANDO FL 32811**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**D  
NAME OO, KO KO  
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TITLE ☐ DELETE

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TITLE ☐ DELETE

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3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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4.1 TITLE ☐ Change ☐ Addition

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5.1 TITLE ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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14. I 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:

*Maung N. Shin*

3/35/98 (407) 299-1237

CR2E037 (1097)