

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005536

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** AVALOKITESHVARA BUDDIST STUDY CENTER, INC.

**Current Principal Place of Business:**

321 LAMONT ROAD  
FORT PIERCE, FL 349471541

**New Principal Place of Business:**

321 LAMONT ROAD  
FORT PIERCE, FL 349471541 US

**Current Mailing Address:**

321 LAMOUNT RD  
FORT PIERCE, FL 349471541

**New Mailing Address:**

321 LAMOUNT RD  
FORT PIERCE, FL 349471541 US

**FEI Number:** 65-0781042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LE, DAO M PH.D  
321 LAMONT ROAD  
FORT PIERCE, FL 34947 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: D  
Name: THIEN, NGUYEN PHD  
Address: 321 LAMONT RD.  
City-St-Zip: FORT PIERCE, FL 34947

Title: D  
Name: TU, NGUYEN M.D.  
Address: 2206 E. AVALON AVE.  
City-St-Zip: SANTA ANA, CA 92705

Title: D  
Name: QUOCDUNG, LE V M.S.  
Address: 14691 SW 33 CT  
City-St-Zip: MIIRAMAR, FL 33027

I hereby 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 all other like empowered.

SIGNATURE: QUOCDUNG LE

DIR

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date