

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000000443

1. Entity Name
FLORIDA BUDDHIST ASSOCIATION, INC.



Principal Place of Business

**12815 S.W. 119 TERRACE
MIAMI, FL 33186 US**

Mailing Address

**12815 S.W. 119 TERRACE
MIAMI, FL 33186 US**



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
25-0642342

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WU, KUANG-HSI
12815 S.W. 119TH TERRACE
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	TSENG, DAVID
STREET ADDRESS	8765 S.W. 100TH ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DP
NAME	WU, KUANGHSI
STREET ADDRESS	12815 SW 119 TERR
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DT
NAME	LAI, MEITSEN
STREET ADDRESS	12815 S.W. 119TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/11/08-80037-010 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/08 (305) 385-2866