


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004562 (1)
1. Corporation Name
ASSOCIATION OF MINDFULNESS PRACTICE CENTERS, INC



Principal Place of Business 10413 ADEL ROAD OAKTON VA 22124	Mailing Address 10413 ADEL ROAD OAKTON VA 22124
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3. Date Incorporated or Qualified 08/08/1997
4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**ALLISON, JOHN R III
100 S.E. SECOND STREET
#3350
MIAMI FL 33131-1101**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> DELETE
NAME	THICH NHAT HANH AKA NGUYEN XAUN BOA
STREET ADDRESS	10413 ADEL ROAD
CITY-ST-ZIP	OAKTON VA 22124
TITLE	SOT <input type="checkbox"/> DELETE
NAME	SISTER CHAN Y AKA NGUYEN ANH HUONG
STREET ADDRESS	10413 ADEL ROAD
CITY-ST-ZIP	OAKTON VA 22124
TITLE	VD <input type="checkbox"/> DELETE
NAME	BROTHER PRITAM SINGH AKA TAM DAI CHI (SP)
STREET ADDRESS	60 GOLF CLUB DRIVE
CITY-ST-ZIP	KEY WEST FL 33040
TITLE	D <input type="checkbox"/> DELETE
NAME	SISTER CHAN KHONG AKA CHAO NGOC PHONG FLEU
STREET ADDRESS	10413 ADEL ROAD
CITY-ST-ZIP	OAKTON VA 22124
TITLE	D <input type="checkbox"/> DELETE
NAME	BROTHER CHAN TRI AKA NGUYEN BA THU
STREET ADDRESS	10413 ADEL ROAD
CITY-ST-ZIP	OAKTON ROAD VA 22124
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	BROTHER PRITAM SINGH AKA TAM DAI CHI
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* **April 28, 1998 305-296-5601**

CR2E037 (10/97)