## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 20 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700004567 (0)

MINDFULNESS TRAINING INSTITUTE, INC.

Principal Place of Business		Mailing Address				1	I LONININI ALA CONIN NODIL KONIN BORRI DI	III WBIA PRI	II BEBÜL EINIÐ	00100 1000 1001		
10413 ADEL ROAD OAKTON VA 22124		10413 ADEL ROAD OAKTON VA 22124					3.	Date Incorporated or Qualified 08/09/1997			/	
							4.	FEI Number		ŬA.	pplied For	
0.00	10	La Mallanda de la Companya de la Com								<del></del>	ot Applicable	
2. Principal P	lace of Business	2a. Mailing Address	ๆ				5.	Certificate of Status Desired			Additional equired	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ''				6.	Election Campaign Financing		\$5.00		
City & Stat	6	City & State	City & State				١,	Trust Fund Contribution  Is this nonprofit corporation a hor		Added to		
23		28	28					is this horpfort corporation a nor		No No	ліг 	
Zip	Country 25	Zip 29	30 Cou				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XYNo					
1	9. Name and Address of Current						10.	Name and Address of New Reg			<u></u>	
				81	1	Vame						
ALLISON, JOHN R III 100 S.E. SECOND STREET				82	5	Street Addre	dress (P.O. Box Number is Not Acceptable)					
100 S.E	. SECONU STREET			83	$\vdash$							
MIAMI FL \$3131-1101				84	-	City			FL	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 617 0502 and 617 1508 Elevide Statutos					B-D.	amed corpo	ratio	n submits this statement for the nu		channing i	ts registered	
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.											registered	
SIGNATURE												
SIGNATORE .	Signature, typed or printed name of registered agor	t and title if applicable. (N	VOTE: Reg	gistered Age	ent s	signature required			DATE			
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICE				
TITLE	DP	DELETE		1.1 TITLE		ļ				L Change	Addition	
NAME	TRICH NHAT HANH AKA NGU	YEN XUAN BUA										
STREET ADDRESS	10413 ADEL ROAD		1	1.3 STREET								
CITY-ST-ZIP	OAKTON VA 22124	DELETE		1.4 CITY - S	ST - Z	IP				☐ Change	Addition	
TITLE	DST CHAN V AVA MONVE	_		2.1 TITLE						Change	LI MUUIIIUII	
NAME	SISTER CHAN Y AKA NGUYEN ANH HUONG			2.2 NAME								
STREET ADDRESS	10413 ADEL ROAD		2.3 STREET ADDRESS									
CITY-ST-ZIP	OAKTON VA 22124  DV DELETE			2. 4 CITY-ST-ZIP 3.1 TITLE						Change	Addition	
TITLE NAME		_ : : :	1	3.2 NAME						or songe	E YOURDII	
STREET ADDRESS	Brother Pritam Singh aka tam dai Chi 60 Golf Club Drive			3.3 STREET ADDRESS		notee						
	KEY WEST VA 22124			3.4. CITY-5								
CITY-ST-ZIP	D D	DELETE		4.1 TITLE	01-2	ZIF				Change	Addition	
NAME	SISTER CHAN KHONG AKA C			4.2 NAME								
STREET ADDRESS	10413 ADEL ROAD	HOA HOOO FHONG IL		4.3 STREET		notee						
City-St-Zip	DAKTON VA 22124											
TITLE	DELETE			4.4 CITY-ST-ZIP 5.1 TITLE						Change	Addition	
NAME	BROTHER CHAN TRI AKA NGUYEN BA THU			5.2 NAME								
STREET ADDRESS 10413 ADEL ROAD				5.3 STREET ADDRESS		DRESS						
CITY+ST-ZIP	OAKTON VA 22124			5.4 CITY-S								
TITLE	DANION VILLET	DELETE		6.1 TITLE	,1 - 2					Change	Addition	
NAME				6.2 NAME				•				
STREET ADDRESS				6.3 STREET	, PUL	nerss						
STREET ADDRESS				V.O OTHER	~ν.							

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 an an attachment with an eddices.