


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000007142</b>	
1. Entity Name <b>GAINESVILLE VIPASSANA SOCIETY, INC.</b>	

Principal Place of Business <b>5811 NW 31ST TERR GAINESVILLE, FL 32653</b>	Mailing Address <b>5811 NW 31ST TERR GAINESVILLE, FL 32653</b>
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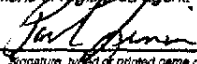
03072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3513139</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LINN, PAUL 5811 NW 31ST TERR GAINESVILLE, FL 32653</b>
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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: 	DATE: <u>3/7/05</u>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL LINN 5811 NW 31ST TERR GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVEN J BEAN 15151 NW 99TH ST ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATE CLOUSE RT 1 BOX 76A SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINN, VALERIE 5811 NW 31ST TERR GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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 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: 	DATE: <u>3/7/05</u> DAYTIME PHONE #: <u>(352) 337-9995</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	