


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 10, 2007 08:00 AM
Secretary of State**

DOCUMENT # N97000007142 1. Entity Name GAINESVILLE VIPASSANA SOCIETY, INC.	
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Principal Place of Business 5811 NW 31ST TERR GAINESVILLE, FL 32653	Mailing Address 5811 NW 31ST TERR GAINESVILLE, FL 32653
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01072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-3513139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LINN, PAUL
5811 NW 31ST TERR
GAINESVILLE, FL 32653

**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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 78A 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	

**DO NOT WRITE
IN THIS SPACE**

100000581585
01/10/07-80091-025-61.25

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 1/8/07 (352)337-9993