2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000007142

1. Entity Name
GAINESVILLE VIPASSANA SOCIETY, INC.

Principal Place of Business	Mailing Address
5811 NW 31ST TERR GAINESVILLE, FL 32653	5811 NW 31ST TERR GAINESVILLE, FL 32653
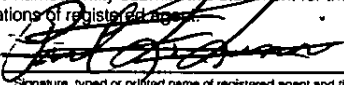
DO NOT WRITE IN THIS SPACE

01052008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3513139	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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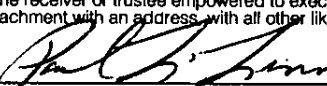GAINESVILLE, FL 32653

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, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAUL LINN
STREET ADDRESS	5811 NW 31ST TERR
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	VD
NAME	STEVEN J BEAN
STREET ADDRESS	15151 NW 99TH ST
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	SD
NAME	KATE CLOUSE
STREET ADDRESS	RT 1 BOX 76A
CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	TD
NAME	LINN, VALERIE
STREET ADDRESS	5811 NW 31ST TERR
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/09/08-80030-023 61.25

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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: 1/7/08   352 3329993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #