

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007142

FILED
Mar 14, 2009
Secretary of State

Entity Name: GAINESVILLE VIPASSANA SOCIETY, INC.

Current Principal Place of Business:

5811 NW 31ST TERR
GAINESVILLE, FL 32653

New Principal Place of Business:

Current Mailing Address:

5811 NW 31ST TERR
GAINESVILLE, FL 32653

New Mailing Address:

FEI Number: 59-3513139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAUL LINN,
Address: 5811 NW 31ST TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: VD () Delete
Name: STEVEN J BEAN,
Address: 15151 NW 99TH ST
City-St-Zip: ALACHUA, FL 32615

Title: SD () Delete
Name: KATE CLOUSE,
Address: RT 1 BOX 76A
City-St-Zip: SAN MATEO, FL 32187

Title: TD () Delete
Name: LINN, VALERIE
Address: 5811 NW 31ST TERR
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL LINN

PD

03/14/2009

Electronic Signature of Signing Officer or Director

Date