

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24673

(6)

1. Corporation Name

ROCHESTER ZEN CENTER, INC.



Principal Place of Business

Mailing Address

7 ARNOLD PARK
ROCHESTER NY 14607

7 ARNOLD PARK
ROCHESTER NY 14607

3. Date Incorporated or Qualified
06/12/1989

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7310003

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, JORN
1006 NORTH 16TH COURT
HOLLYWOOD FL 33020

81 Name

CRUZ, AMAURY

82 Street Address (P.O. Box Number is Not Acceptable)

1740 CORAL WAY, Suite A

83

84 City

MIAMI

FL

85 Zip Code

33145

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

AMAURY CRUZ

(NOTE: Registered Agent signature required when reinstating)

2/6/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME KJOLHEDE, PETER
STREET ADDRESS 7 ARNOLD PARK
CITY-ST-ZIP ROCHESTER NY 14607

1.1 TITLE Director; Chairman ☐ Change ☒ Addition
1.2 NAME PULLEYN, CHRIS
1.3 STREET ADDRESS 268 SUSQUEHANNA ROAD
1.4 CITY-ST-ZIP ROCHESTER NY 14618

TITLE V ☐ DELETE
NAME ROSS, LANNY
STREET ADDRESS 1355 HERKIMER ROAD
CITY-ST-ZIP UTICA, NY 13502

2.1 TITLE Director ☐ Change ☒ Addition
2.2 NAME MARTIN, ROSE
2.3 STREET ADDRESS 56 BRIGHTON STREET
2.4 CITY-ST-ZIP ROCHESTER NY 14607

TITLE S ☐ DELETE
NAME JENNINGS, SCOTT
STREET ADDRESS 7 ARNOLD PARK
CITY-ST-ZIP ROCHESTER NY 14607

3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME SWANSON, GRANT
3.3 STREET ADDRESS 27436 LOMA DEL RAY
3.4 CITY-ST-ZIP CARMEL CA 93923

TITLE T ☐ DELETE
NAME PULLEYN, JOHN
STREET ADDRESS 268 SUSQUEHANNA ROAD
CITY-ST-ZIP ROCHESTER NY 14618

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME THOMPSON, JAY
4.3 STREET ADDRESS 121 BECKWITH TERRACE
4.4 CITY-ST-ZIP ROCHESTER NY 14610

TITLE D ☐ DELETE
NAME ROBERTS, THOMAS R.
STREET ADDRESS 6 CECILIA LANE
CITY-ST-ZIP PLEASANTVILLE NY 10570

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KIEBURTZ, VICTORIA K.
STREET ADDRESS 110 BASTIAN ROAD
CITY-ST-ZIP ROCHESTER NY 14623

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott Jennings

2/3/96

(716)-473-9180

Date

Daytime Phone #

CR2E037 (12/95)