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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 14607-2001**



3. Date Incorporated or Qualified
06/12/1989

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

☐

**\$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

**CRUZ, AMAURY
1740 CORAL WAY
SUITE A
MIAMI FL 33145**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P**
STREET ADDRESS **KJOLHEDE, PETER**
CITY-ST-ZIP **7 ARNOLD PARK
ROCHESTER NY**

TITLE ☐ DELETE

NAME **V**
STREET ADDRESS **ROSS, LANNY**
CITY-ST-ZIP **1355 HERKIMER ROAD-
UTICA NY**

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **JENNINGS, SCOTT**
CITY-ST-ZIP **7 ARNOLD PARK
ROCHESTER NY**

TITLE ☐ DELETE

NAME **T**
STREET ADDRESS **PULLEYN, JOHN**
CITY-ST-ZIP **288 SUSQUEHANNA ROAD
ROCHESTER NY**

TITLE ☐ DELETE

NAME **D Tr**
STREET ADDRESS **ROBERTS, THOMAS**
CITY-ST-ZIP **6 CECILIA LANE
PLEASANTVILLE NY**

TITLE ☐ DELETE

NAME **B Tr**
STREET ADDRESS **KIEBURTZ, VICTORIA K.**
CITY-ST-ZIP **110 BASTIAN ROAD
ROCHESTER NY**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

**5320 N. Sheridan Rd. #1511
Chicago, IL 60640**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TR

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TR

14. I do 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 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

Date

Daytime Phone # 0076587

CR2E037 (9/96)

• Rochester Zen Center - Additional Trustees

Tr

Pulleyn, Chris
268 Susquehanna Road
Rochester, NY 14618

Tr

Swanson, Grant
27436 Loma del Ray
Carmel, CA 93923

Tr

Martin, Rose
56 Brighton Street
Rochester, NY 14607

Tr

Amaro, Amelia
Nisperos 155
Lomas de Cuernavaca
Cuernavaca, Morelos 62589
MEXICO