

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004481

Entity Name: BLUE LOTUS BUDDHIST MEDITATION CENTER, INC, FLORIDA**Current Principal Place of Business:**714
SHAMROCK BLVD
VENICE , FL 34292**Current Mailing Address:**714
SHAMROCK BLVD
VENICE , FL 34292 US**FEI Number:** 35-2365405**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THUMBAGE, CHANDASIRI
2360 CHAUCER ST
CLEARWATER, FL 33765 US*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

Officer/Director Detail :

Title ABBOT/ SANGA PATRON
Name THUMBAGE, CHANDASIRI
Address 714
SHAMROCK BLVD
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name GNANSSARA, KUKULPANE
Address 714
SHAMROCK BLVD
City-State-Zip: VENICE FL 34292

Title TREASURER
Name ASARA, SURaweera
Address 2360 CHAUCER ST
City-State-Zip: CLEARWATER FL 33765

Title SECRETARY
Name NASH, SUSAN
Address 3013
CLARK ROAD UNIT 14
City-State-Zip: SARASOTA FL 34231

Title VP
Name THAWALANTHANNE, SAN
Address 714
SHAMROCK BLVD
City-State-Zip: VENICE FL 34292

Title PRESIDENT
Name ELKES, SALLY
Address 5033
OXFORD DR
City-State-Zip: SIESTA KEY FL 34242

Title DIRECTOR
Name CHIROLI, REKHA SINGH
Address 4917
VILLAGE GARDENS DRIVE UNIT 14
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name PIEKARSKI, JIM
Address 1255 TARPON CENTER DRIVE
UNIT 204
City-State-Zip: VENICE FL 34285

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: CHANDASIRI THUMBAGE

ABBOT

07/07/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	KING, KATHRYNN A
Address	1156 LEMON BAY DRIVE
City-State-Zip:	VENICE FL 34293