

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004481

Entity Name: SERENITY BUDDHIST MEDITATION CENTER INC.**Current Principal Place of Business:**2045 EAST BAY DRIVE
215
LARGO, FL 33771**Current Mailing Address:**2045 EAST BAY DRIVE
215
LARGO, FL 33771 US**FEI Number:** 35-2365405**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THUMBAGE, CHANDASIRI
2045 EAST BAY DRIVE
215
LARGO, FL 33771 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	DP
Name	THUMBAGE, CHANDASIRI
Address	2045 EAST BAY DRIVE 215
City-State-Zip:	LARGO FL 33771

Title	DV
Name	GNANSSARA, KUKULPANE
Address	2045 EAST BAY DRIVE 215
City-State-Zip:	LARGO FL 33771

Title	D
Name	ASARA, SURaweera
Address	2045 EAST BAY DRIVE 215
City-State-Zip:	LARGO FL 33771

Title	D
Name	PULASTHIFURA, MANGALA
Address	1518 SOUTH HAVEN DRIVE
City-State-Zip:	CLEARWATER FL 33764

Title	D
Name	PERADENIYA, SUJATHA
Address	5523 110TH AVE. N., APT K-206
City-State-Zip:	PINELLAS PARK FL 33782

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**PRESIDENT****04/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date