			Certificate of Status Desired. Tes	
Name and Address of Current Registered Agent:				
TURNER, JANE 5495 LOVETT DR. MERRITT ISLAND, FL 32953 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	: JANE TURNER			03/30/2019
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	WICK, KATHRYN	Name	LWIN, ASHLEY	
Address	537 SUN CREEK DRIVE	Address	2822 VERNON DRIVE	
City-State-Zip:	WINSTON-SALEM NC 27104	City-State-Zip:	AUGUSTA GA 30909	
Title	CFO	Title		
Name	HOEFER, MARCIA	Name	TURNER, A JANE	
Address	520 ROGERS BREAK ROAD	Address	PO BOX 356	

Current Mailing Address: PO BOX 351 SOCIAL CIRCLE, GA 30025 US

Current Principal Place of Business:

DOCUMENT# N0200009422

FEI Number: 81-0602207

476 ROGERS BREAK ROAD

JESUP, GA 31546

Na

Entity Name: SOUTH EAST VIPASSANA ASSOCIATION, INC.

City-State-Zip: JESUP GA 31546

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: A JANE TURNER

VICE PRESIDENT

City-State-Zip: SOCIAL CIRCLE GA 30025

03/30/2019

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Certificate of Status Desired: Yes

FILED Mar 30, 2019 Secretary of State 4712122066CC

Electronic Signature of Signing Officer/Director Detail

Date