

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2007
Secretary of State**

DOCUMENT# N02000009422

Entity Name: SOUTH EAST VIPASSANA ASSOCIATION, INC.

Current Principal Place of Business:

5495 LOVETT DR.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

5495 LOVETT DR.
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 81-0602207 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WTIPIL, AURORA
5495 LOVETT DR.
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEACOCK, KIM
Address: 730 E 48TH STREET
City-St-Zip: SAVANNAH, GA 31405

Title: VP () Delete
Name: SAVLA, JYOTI
Address: 135 E NITTANY AVE APT 510
City-St-Zip: STATE COLLEGE, PA 16801

Title: S () Delete
Name: SPRANGER, DAVID
Address: 6323 BONNYBROOK LANE
City-St-Zip: CHARLOTTE, NC 28212

Title: CT () Delete
Name: TURNER, JANE
Address: P.O. BOX 356
City-St-Zip: SOCIAL CIRCLE, GA 30025

Title: CT () Delete
Name: SAVLA, SITAL
Address: 135 E. NITTANY AVE., APT 510
City-St-Zip: STATE COLLEGE, PA 16801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: AURORA WTIPIL

SECR

03/20/2007

Electronic Signature of Signing Officer or Director

Date