

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009422

FILED  
Jan 18, 2008  
Secretary of State

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 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

01/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date