FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State **DIVISION OF CORPORATIONS**

1996

DOCUMENT # 1. Corporation Name N94000001649 (2)

DORJE YING - TIBETAN BUDDHIST NYINGMAPA MEDITATI ON CENTER CORP.

Principal Place	a of Pusiages	14-W 4-11				
Filincipal Flaci	e di Busilless	Mailing Address				1817 1891
1839 LINDSAY, AVE P. O. BOX 922 LEHIGH ACRES FL 33970-0512 LEHIGH ACRES FL 33970- US			70-0922			
		U3		3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 04/12/1995	rt
	lace of Business	2a. Mailing Address		4. FEI Number	Applie	d For
Suite, Apt. #, etc.		[26]		65-0481675	Not Ap	pplicable
22 Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Add	
City & State		27 City & State			• Tee requi	
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 Ma	
Zip	Country	Zip	Country		Added to F	
24	25	29	30	This corporation has liability for in Florida Statutes	tangibie tax under s. 199.0 Yes 😿 No	332,
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name	Barth Klaus Address (P.O. Box Number is Not Acceptable	-	
	RD, MANFRED D		82 Street	Address (P.O. Box Number is Not Acceptable		
	R 80W 206			2 Lockhaven Ct.	7	
LABELLI	E FL 33935		83			
			84 City a			
			1 1 1	. የከ፲ባኩ - ላረተፈና	FL 85 Zip Code 33536	, ,
11. Pursuant i	to the provisions of Sections 617,050;	2 and 617.1508, Florida Statutes	s, the above-named c	orporation submits this statement for the purp s board of directors. I hereby accept the appoi		
	th, and accept the obligations of, Sec		u by the corporation s	s board of directors. I hereby accept the appoi	ntment as registered agent	: I am
SIGNATURE	Dart Illan				03 -22 - 96	ľ
12.	Signature, typed or printed name of registered agen		E: Registered Agent signature	required when reinstating)	DATE	
TITLE	D OFFICERS AN	D DIRECTORS	13.	ADDITIONS CHANGES TO OFFICE		
NAME	BERNARD, MANFRED D	DELETE	11 TITLE	D. J. Mans	Change 🗀 /	Addition
STREET ADDRESS	2550 SR 80W 206		12 NAME	Burth Klaus		
CITY-ST-ZIP	LABELLE FL 33935		1.3 STREET ADDRESS	1862 Lockhaven (t.		
TITLE	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Lehigh Acr. FL 33936	W(a)	
NAME	BERNARD, ASHA D		2.1 11112	D. Bullingsuber Bond. To	Change	Addition
STREET ADDRESS	2550 SR 80W 206		2.2 NAME	Fahrngruber Hans-Jo 1841 Lockhaven Ct. Lehigh Her. 33936 FL	ia ch <i>i m</i>	
CITY-ST-ZIP	LABELLE FL 33935		2.3 STREET ADDRESS	I AL AL HAY 22 A24 FI		
TITLE	n	DELFTE	2 4 CITY-ST-ZIP	LENTYN HER. 33936 PL		Addition
NAME	FRUSTERI, REINHILDE	_	32 NAME		Chounds (1)	Addition)
STREET ADDRESS	1862 LOCKHAVEN COURT		3 3 STREET ADDRESS	-		
CITY - ST - ZIP	LEHIGH ACRES FL		3.4. CiTY-ST-ZiP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ A	Addition
NAME			4. 2 NAME			(Januari
STREET ADDRESS			4.3 STREET ADDRESS			1
CITY-ST-ZIP			4.4 CITY-ST-ZIP			Ī
TITLE		DELETE	5.1 TITLE		☐ Change ☐ A	Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			5 4 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE	800001 76 -04/04/960104	91 1 1 Gange □ A	Addition
NAME			6 2 NAME	-04/04/960104	4002	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25		
CITY - ST - ZIP			6.4 CITY - ST - ZIP			ļ

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 22 - 1996 (941) 728-2878