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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

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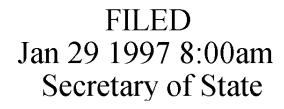
DORJE YING - TIBETAN BUDDHIST NYINGMAPA MEDITATI ON CENTER CORP.

	Business	

Mailing Address

1839 LINDSAY AVE

P. O. BOX 922





LEHIGH ACRES	S FL 33970-0512	LEHIGH ACRES FL 3397 US	0-0922							
		03				3. Date Incorporated or Qualified 04/01/1994		e of Last f 04/04/1		
	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For	
	LINDSAY AVE	26				65-0481675		N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		·	Additional equired		
City & State City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees	
Zip	Country	Z ₁ ρ	Cou	untry		8. This corporation has liability for i	ntangible t			
24 3393		29	30					No	.	
	9. Name and Address of Current	Registered Agent		ļ.,,		10. Name and Address of New Re	gistered A	gent		
				81	Name					
KLAUS,				82	Street Ac	dress (P.O. Box Number is Not Acceptab	le)			
	OCKHAVEN CT.			83						
LEHIGH	ACRES FL 33936									
				84	City		FL	85 Zip	Code	
I Office of re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	a Elorida, Suce change was	SAUTHORIZA	a by	the corno	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of o	changing intment as	its registered registered	
SIGNATURE	Klaus Barth Signature, typed or printed name of registered agent		JUan	3	nat	guired whon reinstating) Jan - I	0 - 96			
12.	OFFICERS AND		13.	o Age	nt signature re	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	D	DELETE	1.1 Ti	ITLE		7,557,67,67,77,11,02,57,6 01,10		Change	Addition	
NAME	KLAUS, BARTH		1.2 N	AME						
STREET ADDRESS	1862 LOCKHAVEN CT.		1.3 S	TREET	ADDRESS					
CITY-ST-ZIP	LEHIGH ACR. FL 33936		1.40	ITY-SI	r-ZIP					
TITLE	D	DELETE	2.1 TI	TLE				Change	Addition	
NAME	FAHRNGRUBER HANS, JOACI	MIH	2.2 N	AME						
STREET ADDRESS	1841 LOCKHAVEN CT.		2.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	LEHIGH ACR. FL 33936		2.40	R-YTK	T-ZIP					
TITLE	D	☐ DELETE	3.1 Th	TLE				Change	☐ Addition	
NAME	FRUSTERI, REINHILDE		3.2 N	AME						
STREET ADDRESS	1862 LOCKHAVEN COURT		3.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	LEHIGH ACRES FL	Dourte		ITY-S	T-ZIP			7		
TITLE NAME		☐ DELETE	4.1 TI		-		L	Change	Addition	
STREET ADDRESS			4. 2 N		*DODESC					
CITY-ST-ZIP				INEET A	ADDRESS					
TITLE		DELETE	5.1 TI		-21r		г	Change	Addition	
NAME			5.2 N				_			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST						
TITLE		DELETE	61 TI	_	-		T	Change	Addition	
NAME			62 N/	AME	ļ		_			
STREET ADDRESS			6.3 S1	TREET A	ADDRESS					
CITY-ST-ZIP			6.4 CI	TY-ST	- ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 atlachment with an address.

Am As Ollows a 1212 a 1200 110 or 1210

MILIN 770 . 1070