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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N94000001649 (2)

1. Corporation Name  
**DORJE YING - TIBETAN BUDDHIST NYINGMAPA MEDITATI  
ON CENTER CORP.**



Principal Place of Business: 1839 LINDSAY AVE, LEHIGH ACRES FL 33970-0512  
Mailing Address: P. O. BOX 922, LEHIGH ACRES FL 33970-0922, US

3. Date Incorporated or Qualified: 04/01/1994  
3a. Date of Last Report: 04/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1839 LINDSAY AVE	26 Suite, Apt. #, etc.	65-0481675	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 LEHIGH ACRES FL	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33936	25 Country LEE	29 Zip	30 Country
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
KLAUS, BARTH 1862 LOCKHAVEN CT. LEHIGH ACRES FL 33936		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
KLAUS, BARTH 1862 LOCKHAVEN CT. LEHIGH ACRES FL 33936		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
			FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Klaus Barth  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)  
Klaus Barth  
DATE Jan - 10 - 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAUS, BARTH	1.2 NAME	
STREET ADDRESS	1862 LOCKHAVEN CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACR. FL 33936	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAHRNGRUBER HANS, JOACHIM	2.2 NAME	
STREET ADDRESS	1841 LOCKHAVEN CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACR. FL 33936	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUSTERI, REINHILDE	3.2 NAME	
STREET ADDRESS	1862 LOCKHAVEN COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-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 attachment with an address.

SIGNATURE Klaus Barth  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)  
Klaus Barth  
DATE Jan - 10 - 96

CR2E037 (9/96)