


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90032 029 ****70.00

DOCUMENT # N94000001649

1. Entity Name
DORJE YING - TIBETAN BUDDHIST NYINGMAPA MEDITATION CENTER CORP.



Principal Place of Business
 1839 LINDSAY AVE
 LEHIGH ACRES, FL 33936 US

Mailing Address
 P. O. BOX 922
 LEHIGH ACRES, FL 33970-0922 US

94036972



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #,
 City & State
 Zip

02032004 CH-1-NF CR2E037 (10/03)

4. Certificate Number: **05-0481675**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIANE GRGACH
1547 CANAL STREET
LEHIGH ACRES, FL 33972-5966

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Diane Grgach* **DIANE GRGACH** **3/19/04**
Signature, typed or printed name of registered agent and, if applicable, (NOT) of Agent (Signature required) DATE

Filing Fee is \$64.45 Due by May 1, 2004

Election Trust Fee Contribution \$1.00 May Be Added to Fee

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		CONDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRGACH, DIANE 1547 CANAL STREET LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAHRNGRUBER HANS, JOACHIM 1841 LOCKHAVEN CT. LEHIGH ACR., FL 33936	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNINGER, ILSE 2250 SR 80 W. BRADLEY, FL 33835	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNARD-HENRI, SEYMOUR 2250 SR 80 W LABELLE, FL 33935	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HEISKER, KATHY 184 COLONY POINT DR. PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Faded]</i> <i>[Faded]</i> <i>[Faded]</i> <i>[Faded]</i>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *Diane Grgach* **DIANE GRGACH** **3/19/04** **(239) 369 0533**
Signature and typed or printed name of signing officer or director Date Daytime Phone #