

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001649

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

1839 LINDSAY ST
LEHIGH ACRES, FL 33972 US

New Principal Place of Business:

Current Mailing Address:

1865 LOCKHAVEN CT
LEHIGH ACRES, FL 33972 US

New Mailing Address:

FEI Number: 65-0481675 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ILSE HENNINGER
1865 LOCKHAVEN CT
LEHIGH ACRES, FL 33972 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: D () Delete
Name: SATTER, WILFRIED
Address: 1841 LOCKHAVEN CT.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: D () Delete
Name: FAHRNGRUBER HANS, JOACHIM
Address: 1841 LOCKHAVEN CT.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DST () Delete
Name: HENNINGER, ILSE
Address: 1865 LOCKHAVEN CT
City-St-Zip: LEHIGH ACRES, FL 33972

Title: DP () Delete
Name: BERNARD-HENNINGER, MANFRED DE
Address: 1865 LOCKHAVEN CT
City-St-Zip: LEHIGH ACRES, FL 33972

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:

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: ILSE HENNINGER

DST

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date