

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001649

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC3883618502**

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

**Current Principal Place of Business:**

1839 LINDSAY ST  
LEHIGH ACRES, FL 33972

**Current Mailing Address:**

1865 LOCKHAVEN CT  
LEHIGH ACRES, FL 33972 US

**FEI Number:** 65-0481675

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ILSE HENNINGER  
1865 LOCKHAVEN CT  
LEHIGH ACRES, FL 33972 US

*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

**Officer/Director Detail :**

Title D  
Name SATTER, WILFRIED  
Address 1841 LOCKHAVEN CT.  
City-State-Zip: LEHIGH ACRES FL 33972

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

Title DST  
Name HENNINGER, ILSE  
Address 1865 LOCKHAVEN CT  
City-State-Zip: LEHIGH ACRES FL 33972

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

Title DIRECTOR  
Name FENDELANDER, KEITH MR  
Address 1304 W 18TH ST  
City-State-Zip: LEHIGH ACRES FL 33972

*I hereby 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 all other like empowered.*

**SIGNATURE:** ILSE HENNINGER

**DST**

**03/18/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date