

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004224

FILED
Apr 30, 2012
Secretary of State

Entity Name: THE LAKE HOUSE NYINGMAPAS INC.

Current Principal Place of Business:

12846 CHRISTMAS DRIVE
PBOX 2015
SAINT LEO, FL 33574 UN

New Principal Place of Business:

Current Mailing Address:

12846 CHRISTMAS DRIVE
PBOX 2015
SAINT LEO, FL 33574 UN

New Mailing Address:

FEI Number: 26-4825291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMILTON, BARBARA
12846 CHRISTMAS DRIVE
PBOX 2015
SAINT LEO, FL 33574 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: P
Name: WALWORTH, BARBARA
Address: 2500 21ST ST. NW, #48
City-St-Zip: WINTER HAVEN, FL 33881 UN

Title: V
Name: HAMILTON, BARBARA
Address: 12846 CHRISTMAS DRIVE PB 2015
City-St-Zip: SAINT LEO, FL 33574 UN

Title: T
Name: HAMILTON, BARBARA B
Address: 12846 CHRISTMAS DR PB 2013
City-St-Zip: SAINT LEO, FL 33574 UN

Title: S
Name: HAGEN, DEBORAH
Address: 1908 56TH STREET SOUTH
City-St-Zip: GULFPORT, FL 33707 UN

Title: O
Name: MARES, JOSE
Address: 6020 SHORE BLVD. SOUTH, #504
City-St-Zip: GULFPORT, FL 33707 UN

Title: M
Name: POWERS, GREGORY
Address: 6020 SHORE BLVD. SOUTH, #504
City-St-Zip: GULFPORT, FL 33707 UN

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: BARABRA HAMILTON

V

04/30/2012

Electronic Signature of Signing Officer or Director

Date