

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008973

FILED  
Apr 12, 2012  
Secretary of State

**Entity Name:** SAPANA NEPAL, INC.

**Current Principal Place of Business:**

3043 SW BERRY AVENUE  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

3043 SW BERRY AVENUE  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 45-3357863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZITO, NICOLE  
3043 SW BERRY AVENUE  
PALM CITY, FL 34990 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: MRS.  
Name: WHITLEY, MARCI  
Address: 3711 S INDIAN RIVER DR  
City-St-Zip: FT. PIERCE, FL 34982

Title: MS.  
Name: WARD, EMILY  
Address: 162 BUSH RD  
City-St-Zip: BINGEN, WA 98605

Title: MS.  
Name: JORDAN, ANGELA  
Address: 2459 NE HICKORY AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: MS.  
Name: WIGLEY, ALLISON  
Address: 13797 INDIAN RIVER DR  
City-St-Zip: JENSEN BEACH, FL 34957

Title: MRS.  
Name: ZITO, SUSAN  
Address: 3043 SW BERRY AVE  
City-St-Zip: PALM CITY, FL 34990

Title: MR.  
Name: WHITLEY, CAREY  
Address: 3711 S INDIAN RIVER DR  
City-St-Zip: FT. PIERCE, FL 34982

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: NICOLE ZITO

MS.

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date