

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000100436

**Entity Name:** NONPROFIT MANAGEMENT SIMULATIONS, INC.

**FILED**  
**Mar 28, 2018**  
**Secretary of State**  
**CC6530282760**

**Current Principal Place of Business:**

5333 SW 75TH ST.  
APT. 147  
GAINESVILLE, FL 32608

**Current Mailing Address:**

5333 SW 75TH ST.  
APT. 147  
GAINESVILLE, FL 32608 US

**FEI Number: 45-2582570**

**Certificate of Status Desired: No**

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

HOUSE, RONALD B  
5333 SW 75TH STREET  
APT. 147  
GAINESVILLE, FL 32608 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            P  
Name            HOUSE, RONALD B  
Address        5333 SW 75TH STREET  
                  APT. 147  
City-State-Zip: GAINESVILLE FL 32608

Title            O  
Name            HOUSE, GAIL H  
Address        5333 SW 75TH STREET  
                  APT 147  
City-State-Zip: GAINESVILLE FL 32608

Title            O  
Name            HOUSE, ADAM C  
Address        4921 NW 51ST PLACE  
City-State-Zip: GAINESVILLE, FL 32606

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RONALD B. HOUSE**

**PRESIDENT**

**03/28/2018**

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

\_\_\_\_\_  
Date