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

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000100436

Entity Name: NONPROFIT MANAGEMENT SIMULATIONS, INC.

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

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

Officer/Director Detail :

Title	Ρ	Title	0	
Name	HOUSE, RONALD B	Name	HOUSE, GAIL H	
Address	5333 SW 75TH STREET APT. 147	Address	5333 SW 75TH STREET APT 147	
City-State-Zip:	GAINESVILLE FL 32608	City-State-Zip:	GAINESVILLE FL 32608	
Title	0			
Name	MATHER, ROBERT JAMES			
Address	1019 NATUREWOOD CIRCLE			
City-State-Zip:	KENT OH 44240			

PRESIDENT

04/09/2024

Date

FILED Apr 09, 2024 Secretary of State 8773414916CC

Certificate of Status Desired: No

Date