

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# N00000007896

Entity Name: UNITED WE STAND FOR NON-VIOLENCE, INC.

Current Principal Place of Business:

391 PRAIRIE LAKE COVE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1034 ALVINA LANE
OVIEDO, FL 32765

Current Mailing Address:

1034 ALVINA LANE
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3684243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAS, VARSHA
1034 ALVINA LANE
OVIEDO, FL 32765 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: D () Delete
Name: DANIELL, SHOBA K
Address: 1440 PELICAN BAY TR.
City-St-Zip: WINTER PARK, FL 32792 US

Title: D () Delete
Name: PATTISAPU, JOGI
Address: 337 OAK ESTATES DR.
City-St-Zip: ORLANDO, FL 32806 US

Title: D () Delete
Name: ENGINEER, HETAL
Address: 10102 COVE LAKE DR.
City-St-Zip: ORLANDO, FL 32836 US

Title: D () Delete
Name: KARKHANIS, MALA
Address: 3101 CANYON WAY
City-St-Zip: ORLANDO, FL 32812 US

Title: D () Delete
Name: RATHAKRISHNAN, G
Address: 775 NIGHT OWL LANE
City-St-Zip: WINTER SPRINGS, FL 32708 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DAS, VARSHA
Address: 1034 ALVINA LANE
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: VARSHA DAS

D

07/06/2005

Electronic Signature of Signing Officer or Director

Date