

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007896

FILED  
Aug 20, 2006  
Secretary of State

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

**Current Principal Place of Business:**

1034 ALVINA LANE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**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 ( )  
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, SHOBANA 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: DAS, VARSHA  
Address: 1034 ALVINA LANE  
City-St-Zip: OVIEDO, FL 32765 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: D      (X) Change ( ) Addition  
Name: TIJORIWALA, SUDHA  
Address: 1018 FAIRCLOTH CT  
City-St-Zip: OVIEDO, FL 32765 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

08/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date