

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90351 024 \*\*\*\*66.25



**DOCUMENT # N01000002466**  
 1. Entity Name  
**SHRI SHIV DHAM HINDU TEMPLE AND YOGA ASHRAM, INC.**

Principal Place of Business Mailing Address  
**460 OBERRY HOOVER ROAD ORLANDO FL 32825 US** **460 OBERRY HOOVER ROAD ORLANDO FL 32825 US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State

4. FEI Number **59-3707997** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PATEL, PRABODH C**  
**815 ORIENTA AVE., STE. 6**  
**ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Chair person</b> <input type="checkbox"/> Delete <b>LAKRAJ, MOHINI</b> <b>14754 BURNTWOOD CIR.</b> <b>ORLANDO FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>LAKRAS, AMARNAUTH</b> <b>14754 BURNTWOOD CIR.</b> <b>ORLANDO FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>T SHARMA, SOHANTIE</b> <b>6640 SW 26 CT</b> <b>MIRAMAR FL 33023</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PRESIDENT</b> <b>DANNY RAMDHANI</b> <b>13807-GUILD HALL CIR</b> <b>ORL FL 32828</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Secretary</b> <b>Kavita Naidu</b> <b>2987 Summer Swan DR</b> <b>ORL FL 32833</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TREASURER</b> <b>PAM Ray</b> <b>8710 PINESTAR LANE</b> <b>ORL FL 32825</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Board member</b> <b>Hemant Salanky</b> <b>14125 MAGNOLIA Glen circle</b> <b>ORL FL 32828</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>member (Board)</b> <b>Blagnatie Latchnio</b> <b>9318 Echo Run</b> <b>ORL FL 32817</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mohini Salanky*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Chair Person 4-13-05*  
 Date Daytime Phone #