

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000007147 (8)**  
1. Corporation Name  
**SANATAN MANDIR OF FLORIDA, INC.**



Principal Place of Business <b>2401 BELAIR CR KISSIMMEE FL 34743</b>	Mailing Address <b>2401 BELAIR CR KISSIMMEE FL 34743</b>
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3. Date Incorporated or Qualified  
**12/22/1997**

4. FEI Number  Applied For  
Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>28</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SINGH, SUSHEILA  
2401 BELAIR CR  
KISSIMMEE FL 34743**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MATHURA, ARJUNE</b>	<b>(D)</b>	1.2 NAME <b>ARJUNE MATHURA</b>	
STREET ADDRESS <b>8005 OAKLAND PL</b>		1.3 STREET ADDRESS <b>8005 OAKLAND PL</b>	
CITY-ST-ZIP <b>WINDERMERE FL 32819</b>		1.4 CITY-ST-ZIP <b>ORLANDO 3819</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SINGH, SUSHEILA</b>	<b>(D)</b>	2.2 NAME <b>Sing SUSHEILA</b>	
STREET ADDRESS <b>2401 BELAIR CR</b>		2.3 STREET ADDRESS <b>2401 BELAIR CR</b>	
CITY-ST-ZIP <b>KISSIMMEE FL 34743</b>		2.4 CITY-ST-ZIP <b>KISSISSIMMEE ORLANDO FL 34743</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SARABJEETT, ANITA</b>	<b>(D)</b>	3.2 NAME <b>SARABJEETT, ANITA</b>	
STREET ADDRESS <b>185 CORROL REEF CR</b>		3.3 STREET ADDRESS <b>185 CORROL REEF CR</b>	
CITY-ST-ZIP <b>KISSIMMEE FL 34743</b>		3.4 CITY-ST-ZIP <b>KISSIMMEE FL ORLANDO 34743</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RAMCHARRAN, RAMSARRAN</b>		4.2 NAME	
STREET ADDRESS <b>1695 LEE RD, APT D-113</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER PARK FL 32789</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

*(Signature)*

CP2E037 (10/97)