


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90635 001 *****8.75
 04-28-2004 90635 002 *****61.25

DOCUMENT # N97000007147
 1. Entity Name
 SANATAN MANDIR OF FLORIDA, INC.



Principal Place of Business Mailing Address
 1225 ABBERTON DR. 1225 ABBERTON DR
 ORLANDO, FL 32837 ORLANDO, FL 32837

66416555



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3610993	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HANOMAN, RAMNARAIN
 1225 ABBERTON DRIVE
 ORLANDO, FL 32837

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEERAM, MAHINDRANAUTH 742 CITRUS COVE DR WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LATCHMAN, BALDT 216 BROWNING CIRCLE KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANOMAN, MAHADEO 13713 HAWK LAKE DRIVE ORLANDO, FL 34823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD KISHORE, RAJPATTI 431 THUNDER GULCH CT ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JAGNANAN, OUTRAM 1305 OCALA WOODS LANE ORLANDO, FL 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANOMAN, RAMNARAIN 1225 ABBERTON DR. ORLANDO, FL 32837

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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: *Seeram Mahindranauth* *Seeram* 4-23-04 407 856-4383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
ID# N9700007147

66416555

The new Assistant Treasurer

Leelawatie Tirlokia
2726 Camomile Dr.
Orlando FL 32837

The new Secretary

Premchand Kamptapersaud
836 Crystal Bay Lane
Orlando FL 32828