

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005810

**Entity Name:** SHIVA SHAKTI MANDIR HINDU ORGANIZATION OF ORLANDO, INC.

**FILED**  
**Mar 22, 2019**  
**Secretary of State**  
**5244868966CC**

**Current Principal Place of Business:**

129 N PINE HILLS RD  
ORLANDO, FL 32811

**Current Mailing Address:**

PO BOX 680058  
ORLANDO, FL 32868

**FEI Number: 59-3670034**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ALEVOOR, ACHARYA  
129 N PINE HILLS RD  
ORLANDO, FL 32811 US

*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:** ALEVOOR ACHARYA

**03/22/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name ACHARYA, SRIKANTHA A  
Address 129 N PINE HILLS RD  
City-State-Zip: ORLANDO FL 32811

Title D  
Name NANDAKUMAR, RAJENDRA  
Address 129 N PINE HILLS RD  
City-State-Zip: ORLANDO FL 32811

Title PD  
Name ALEVOOR, ACHARYA R  
Address 129 N PINE HILLS ROAD  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR  
Name ACHARYA, ALEVOOR R  
Address 129 N PINE HILLS ROAD  
City-State-Zip: ORLANDO FL 32811

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALEVOOR R ACHARYA

**PD**

**03/22/2019**

Electronic Signature of Signing Officer/Director Detail

Date