

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005810

Entity Name: SHIVA SHAKTI MANDIR HINDU ORGANIZATION OF ORLANDO, INC.**FILED**
Mar 07, 2013
Secretary of State
CC8729389410**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:**RAGHAVENDRA, ALEVOOR PD
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD	Title	STD
Name	ALEVOOR, RAGHAVENDRA	Name	SRIKANTA, ACHARYA
Address	129 N PINE HILLS RD	Address	129 N PINE HILLS RD
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	D	Title	D
Name	NANDA KUMAR, RAJENDRA	Name	BEHARRY, NORMELA
Address	129 N PINE HILLS RD	Address	129 N PINE HILLS RD
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	O		
Name	BEHARRY, LALL		
Address	129 N PINE HILLS RD		
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: RAGHAVENDRA ALEVOOR**PRESIDENT****03/07/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date