

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002466

Entity Name: SHRI SHIV DHAM HINDU TEMPLE AND YOGA ASHRAM, INC.**Current Principal Place of Business:**460 OBERRY HOOVER ROAD
ORLANDO, FL 32825**Current Mailing Address:**460 OBERRY HOOVER ROAD
ORLANDO, FL 32825 US**FEI Number:** 59-3707997**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PATEL, PRABODH C
815 ORIENTA AVE., STE. 6
ALTAMONTE SPRINGS, FL 32701 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
Name	PRAFUL, KIRTANE
Address	460 OBERRY HOOVER RD.
City-State-Zip:	ORLANDO FL 32825

Title	TRUSTEE, TRUSTEE
Name	LAKRAJ, ADEASH ESQ.
Address	8710 PINESTRAW LN.
City-State-Zip:	ORLANDO FL 32825

Title	SECRETARY
Name	SOLANKY, HEMANT
Address	14125 MAGNOLIA GLEN CIRCLE ORLANDO FL
City-State-Zip:	ORLANDO FL 32828

Title	VP
Name	MOHINI, LAKRAJ LAKRAJ
Address	1404 OBERRY HOOVER RD 1404 OBERRY HOOVER RD ORLANDO FL
City-State-Zip:	ORLANDO FL 32825

Title	TRUSTEE
Name	VUPPALA, AMRITA DR.
Address	132 N 74TH STREET MILWAUKEE
City-State-Zip:	WILCONSIN WI

Title	BOARD MEMEBER
Name	PANIGRAHI, BJAY DR.
Address	206 WHITE MARSH CIRCLE
City-State-Zip:	ORLANDO FL 32825

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: MOHINI LAKRAJ

VP

04/28/2019

Electronic Signature of Signing Officer/Director Detail_____
Date