### 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000002466

Entity Name: SHRI SHIV DHAM HINDU TEMPLE AND YOGA ASHRAM, INC.

**FILED** May 05, 2022 **Secretary of State** 0059310690CC

#### **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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title VΡ

Name MOHINI, LAKRAJ PRESIDENT Name KIRTANE, PRAFULLA

Address 460 OBERRY HOOVER RD. Address 1736 FIFESHIRE COURT 1736 FIFESHIRE COURT

City-State-Zip: ORLANDO FL 32825 City-State-Zip: LONGWOOD FL 32779

TRUSTEE, TRUSTEE Title Title **TRUSTEE** 

LAKRAJ, ADEASH ESQ. Name Name VUPPALA, AMRITA DR.

Address 8710 PINESTRAW LN. 990 OBERRY HOOVER RD Address

City-State-Zip: ORLANDO FL 32825 ORLANDO FL

City-State-Zip: WILCONSIN WI Title **SECRETARY** 

Title **BOARD MEMEBER** Name SOLANKY, HEMANT

Name PANIGRAHI, BJAY DR. 14125 MAGNOLIA GLEN CIRCLE Address ORLANDO FL

Address 206 WHITE MARSH CIRCLE

City-State-Zip: ORLANDO FL 32828 City-State-Zip: ORLANDO FL 32825

Title **BOARD MEMBER** Title TRUSTEE

RAMSARRAN, ANTHONY Name Name KHEDOE, LACHMINARIAN TRUSTEE

Address 550 SOUTH CONWAY RD Address 990 OBERRY HOOVER RD APT F

505 OBERRY HOOVER RD

ORLANDO FL 32807

City-State-Zip: ORLANDO FL FL 32825

## Continues on page 2

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.

05/05/2022 SIGNATURE: MOHINI LAKRAJ **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title MR

Name SINGH, GAJENDRA
Address 535 PINEHURST CV
City-State-Zip: KISSIMMEE FL 34758