

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001102

Entity Name: SIKH SOCIETY OF NORTH EAST FLORIDA, INC.**Current Principal Place of Business:**6019 MORROW STREET EAST
JACKSONVILLE, FL 32217**Current Mailing Address:**6019 MORROW STREET EAST
JACKSONVILLE, FL 32217 US**FEI Number: 51-0667425****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KOMAL, TARJIT
6019 MORROW STREET EAST
JACKSONVILLE, FL 32217 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: TARJIT KOMAL****01/24/2017**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BINDRA, GURPREET
Address 323 ST. JOHNS FOREST BLVD
City-State-Zip: ST. JOHNS FL 32259

Title DIRECTOR
Name PARYANI, GUL
Address 8126 MIDDLE FORK WAY
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name KOMAL, TARJIT
Address 444 VINEYARD LANE
City-State-Zip: ORANGE PARK FL 32073

Title VP
Name SIKKA, NAVALDEEP
Address 8450 GATE PARKWAY W
1306
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER
Name SIHRA, PARAMJIT
Address 12030 MARLDON LN
City-State-Zip: JACKSONVILLE FL 32258

Title CHAIRPERSON
Name SAINI, SURINDER
Address 11202 WYNDHAM HOLLOW LANE
City-State-Zip: JACKSONVILLE FL 32246

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: TARJIT KOMAL**SECRETARY****01/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date