

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005043

**FILED**  
**Feb 11, 2013**  
**Secretary of State**  
**CC3315012737**

**Entity Name:** BKS IYENGAR YOGA ASSOCIATION OF THE SOUTHEAST UNITED STATES, INC.

**Current Principal Place of Business:**

1822 BUTCH CASSIDY TRAIL  
WIMAUMA, FL 33598

**Current Mailing Address:**

1822 BUTCH CASSIDY TRAIL  
WIMAUMA, FL 33598 US

**FEI Number: 27-2417038**

**Certificate of Status Desired: Yes**

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

MARCUS, SUSAN  
4147 PRAIRIE VIEW DRIVE S  
SARASOTA, FL 34232 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 MARCUS, SUSAN  
Address 4147 PRAIRIE VIEW DRIVE S  
City-State-Zip: SARASOTA FL 34232

Title D  
Name BOYER, JANN  
Address 35 HEARTHWOOD DRIVE  
City-State-Zip: HILTON HEAD ISLAND SC 29928

Title TD  
Name WALKER, DENNIS  
Address 1822 BUTCH CASSIDY TRAIL  
City-State-Zip: WIMAUMA FL 33598

Title SD  
Name WILLIAMS, GRAHAM  
Address 2114 WOODVIEW DRIVE  
City-State-Zip: RALEIGH NC 27604

Title DIRECTOR  
Name ESTES, BECKY  
Address 4160 OUTER DRIVE  
City-State-Zip: NASHVILLE TN 37204

Title D, VP  
Name MCKINNEY, ARETHA  
Address 113 LYNNWOOD BLVD  
City-State-Zip: NASHVILLE TN 37205

Title DIRECTOR  
Name MATHENIA, RACHEL  
Address 1222 SUNNYMEAD DRIVE  
City-State-Zip: NASHVILLE TN 37216

Title DIRECTOR  
Name O'BRIEN, CHRIS  
Address 232 NORTHERN AVE  
City-State-Zip: DECATUR GA 30030

**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.*

**SIGNATURE: SUSAN MARCUS**

**PRESIDENT**

**02/11/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RUBIN, MARILYN  
Address        3550 NE 169 STREET  
                  #301  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title           DIRECTOR  
Name           TYCH, KARYL  
Address        897 OLD BRIDGE ROAD  
City-State-Zip: MYRTLE BEACH SC 29572