

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000003398

**Entity Name:** SHRI LAKSHMI NARAYAN MANDIR, INC

**Current Principal Place of Business:**

269 SOUTH KLONDIKE AVENUE  
ORLANDO, FL 32811

**Current Mailing Address:**

269 SOUTH KLONDIKE AVENUE  
ORLANDO, FL 32811

**FEI Number: 85-1281670**

**Certificate of Status Desired: Yes**

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

DR. BHASKHARAN JADONATH  
1247 GOLDEN LANE  
ORLANDO, FL 32804 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 PRE  
Name JADONATH, PANDIT  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title VP  
Name SHOBRAJ, HARRY  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title VP  
Name LUTCHMAN, VISHNU  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title SEC  
Name JADONATH, BHASKHARAN  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title TRE  
Name JADONATH, YADONATH  
Address 269 SOUTH KLONDIKE AVENUE  
City-State-Zip: ORLANDO FL 32811

Title AS T  
Name RAMBARRAN, SANDRA  
Address 269 SOUTH KLONDIKE AVENUE  
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: BHASKHARAN JADONATH**

**SECT**

**02/03/2021**

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

\_\_\_\_\_  
Date