

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731843 (9)**  
1. Corporation Name  
**THE VEDIC SOCIETY OF AMERICA IN FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O ELEANOR SIEGEL  
1114 ADAMS ST  
HOLLYWOOD FL 33019  
US**

**1114 ADAMS ST  
HOLLYWOOD FL 33019  
US**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified <b>02/10/1975</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0045665</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Name and Address of Current Registered Agent

**SIEGEL, ELEANOR  
1114 ADAMS STREET  
HOLLYWOOD FL 33019**

## 10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABELLA, ANNE</b>	1.2 NAME	
STREET ADDRESS	<b>19635 N.E. 19TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEHMAN, JOAN</b>	2.2 NAME	<b>LEHMAN, JOAN</b>
STREET ADDRESS	<b>19308 N.E. 25TH AVE.</b>	2.3 STREET ADDRESS	<b>711 N.E. 118 Street</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	<b>North Miami, FL 33161</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, ELEANOR</b>	3.2 NAME	<b>SIEGEL, ELEANOR</b>
STREET ADDRESS	<b>981 NW 200TH STREET</b>	3.3 STREET ADDRESS	<b>1114 ADAMS STREET</b>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33019</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, BERNARD</b>	4.2 NAME	
STREET ADDRESS	<b>15780 NE 15TH COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, IRENE</b>	5.2 NAME	
STREET ADDRESS	<b>15780 N.E. 15TH CT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALDMAN, CELESTE</b>	6.2 NAME	
STREET ADDRESS	<b>1961 NE 196TH TERR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO MIAMI BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Irene Katz - IRENE KATZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/96 (305) 944-3029  
Date Daytime Phone #

CR2E037 (12/95)