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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731843**

1. Corporation Name

**THE VEDIC SOCIETY OF AMERICA IN FLORIDA, INC.**

Principal Place of Business

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

Mailing Address

1114 ADAMS ST  
HOLLYWOOD FL 33019  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/10/1975

4. FEI Number

65-0045665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 *Irene Katz* - IRENE KATZ  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME ABELLA, ANNE  
STREET ADDRESS 19635 N.E. 19TH AVE.  
CITY-ST-ZIP N. MIAMI BCH FL

TITLE D ☐ DELETE  
NAME LEHMAN, JOAN  
STREET ADDRESS 711 NE 188TH ST  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE D ☐ DELETE  
NAME SIEGEL, ELEANOR  
STREET ADDRESS 1114 ADAMS ST  
CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE  
NAME KATZ, BERNARD  
STREET ADDRESS 15780 NE 15TH COURT  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ST ☐ DELETE  
NAME KATZ, IRENE  
STREET ADDRESS 15780 N.E. 15TH CT  
CITY-ST-ZIP N MIAMI BCH FL

TITLE D ☐ DELETE  
NAME WALDMAN, CELESTE  
STREET ADDRESS 1961 NE 196TH TERR  
CITY-ST-ZIP NO MIAMI BEACH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

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

January 15, 1999 (305) 944.3029  
Date Daytime Phone #

CR2E037 (11/98)