


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 732590 1. Entity Name SIKH DHARMA BROTHERHOOD OF ALTAMONTE SPRINGS, FLORIDA, INC. *	
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Principal Place of Business 400 CENTER ST. ALTAMONTE SPRINGS, FL 32701	Mailing Address 400 CENTER ST. ALTAMONTE SPRINGS, FL 32701
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04162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
51-0152375

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent KHALSA, SAMPURAN S. 400 CENTER ST. ALTAMONTE SPRINGS, FL 32701
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000126303 04/23/04-80028-016 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHALSA, SAMPURAN S., 400 CENTER ST. ALTAMONTE SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KHALSA, MAHAN KALPA S. 400 CENTER ST. ALTAMONTE SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KHALSA, SWARN K. 400 CENTER ST. ALTAMONTE SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Sampuran S. Khalsa** 4-20-04 407-831-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #