

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90182 030 ****61.25

DOCUMENT # 732590

1. Entity Name
SIKH DHARMA BROTHERHOOD OF ALTAMONTE
SPRINGS, FLORIDA, INC. *



Principal Place of Business
400 CENTER ST.
ALTAMONTE SPRINGS, FL 32701

Mailing Address
400 CENTER ST.
ALTAMONTE SPRINGS, FL 32701



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
51-0152375

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHALSA, SAMPURAN S.
400 CENTER ST.
ALTAMONTE SPRINGS, FL 32701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME KHALSA, SAMPURAN S.,
STREET ADDRESS 400 CENTER ST.
CITY-ST-ZIP ALTAMONTE SPGS., FL

TITLE DV ☐ Delete
NAME KHALSA, MAHAN KALPA S.
STREET ADDRESS 400 CENTER ST.
CITY-ST-ZIP ALTAMONTE SPGS., FL

TITLE SD ☐ Delete
NAME KHALSA, SWARN K.
STREET ADDRESS 400 CENTER ST.
CITY-ST-ZIP ALTAMONTE SPGS., FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sampuran S. Khalsa 4-26-05 407-831-8101