

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 045 ****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

DO NOT WRITE IN THIS SPACE



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number

51-0152375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-27-06 407-831-8101