

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # 735944

1. Entity Name
YOGA RESEARCH FOUNDATION, INC.



Principal Place of Business
**6111 SW 74TH AVE.
MIAMI, FL 33143**

Mailing Address
**6111 SW 74TH AVE.
MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1710069	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JYOTIRMAYANANDA, SWAMI
6111 S.W. 74TH AVENUE
MIAMI, FL**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	CALLAN, PAUL L
STREET ADDRESS	6111 S.W. 74TH AVENUE
CITY-ST-ZIP	MIAMI, FL

TITLE	VTD
NAME	JYOTIRMAYANANDA, LEONORA
STREET ADDRESS	6111 S.W. 74TH AVENUE
CITY-ST-ZIP	MIAMI, FL

TITLE	PD
NAME	JYOTIRMAYANANDA, SWAMI
STREET ADDRESS	6111 SW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/07-80053-018 61.25

**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 #

SWAMI JYOTIRMAYANANDA

April 27/07 (305) 666-1718