


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2007 8:00 am**  
**Secretary of State**

03-09-2007 90005 005 \*\*\*\*61.25

<b>DOCUMENT # 737192</b> 1. Entity Name <b>YOGA SHAKTI MISSION, INC.</b>					
Principal Place of Business <b>3895 HIELD ROAD NW PALM BAY FL 32907</b>			Mailing Address <b>3895 HIELD ROAD NW PALM BAY FL 32907</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1804305</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>IACONA, CHARLES 3895 HIELD ROAD NW PALM BAY FL 32907</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>T</b> <b>IACONA, KATHLEEN</b> <b>3895 HIELD ROAD NW</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>V</b> <b>IACONA, CHARLES</b> <b>3895 HIELD ROAD NW</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PD</b> <b>YOGA, SHAKTI, MA</b> <b>3895 HIELD ROAD NW</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>S</b> <b>KIRSCHNER, NORA</b> <b>1111 BYRD ST</b> <b>MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>VD</b> <b>MEHTA, SONAL</b> <b>895 BRACKEN TERRACE N.E.</b> <b>PALM BAY FL 32905</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>2022 Blue Stem Circle</b> <b>Palm Bay FL 32905</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <u>Charles J. Iacona</u> <b>CHARLES J. IACONA</b> <b>2/5/07</b> <b>321124</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					