


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90448 032 \*\*\*150.00

<b>DOCUMENT # F03000002544</b> 1. Entity Name <b>INTERNATIONAL SWAMINARAYAN SATSANG ORGANISATION CORPORATION</b>					
Principal Place of Business <b>4, LOUISA PLACE WEEHAWKEN, NJ 07087</b>			Mailing Address <b>2793-NEW TAMPA HWY LAKELAND, FL 33815</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>22-2290410</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PATEL, NALIN K 2793-NEW TAMPA HWY LAKELAND, FL 33815</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 renating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>PATEL, NALIN K 3914-DERBY DR LAKELAND, FL 33809</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>PATEL, BALDEV G 37317-HIGH RIDGE DR DADE CITY, FL 33525</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>PATEL, MANIBHAI D 724-N. WABASH AVE LAKELAND, FL 33815</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY RAMESH. S. HIRANI 6755-KRENOWN OAKS CTR. LAKELAND, FL 33810</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C <b>PANDE, TEJENDRA P SHREE SWAMINARAYAN BAG MEMNAGAR AHMEDABAD (INDIA) 38052,</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CHAIRMAN PANDE KAYSHALENDRA T SHREE SWAMI NARAYAN BAG MEMNAGAR, AHMEDABAD, INDIA-38013</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC <b>PATEL, CHANDRESH 403 ANDOVER ST LOWELL, MA 01852</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>SHAH, DILIP K 1932-LAKE SEWARD DR LAKELAND, FL 33813</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied on 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 607, 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: _____ <b>PRESIDENT, NALIN PATEL</b> <b>04-23-07</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # <b>863-529-1146</b>					