

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001152 (8)**

1. Corporation Name

**KRIYA YOGA ASHRAM, INC.**



Principal Place of Business

Mailing Address

**315 N. MANGOUSTINE AVENUE  
SANFORD FL 32771**

**315 N. MANGOUSTINE AVENUE  
SANFORD FL 32771**

3. Date Incorporated or Qualified  
**03/02/1993**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

**21 3325 Griffin Rd**

**26 3325 Griffin Rd**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

**22 Suite, Apt. #, etc.  
Suite 218**

**27 Suite, Apt. #, etc.  
Suite 218**

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

**23 City & State  
Fort Lauderdale, FL**

**28 City & State  
Fort Lauderdale, FL**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

**24 Zip  
33312**

**25 Country  
USA**

**29 Zip  
33312**

**30 Country  
USA**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MALLAIAH, LENKALA R MD  
315 N. MANGOUSTINE AVENUE  
SANFORD FL 32771**

**81 Name  
Elizabeth Tackenberg**

**82 Street Address (P.O. Box Number is Not Acceptable)  
100 SE 18th Court**

**83**

**84 City  
Fort Lauderdale**

**FL**

**85 Zip Code  
33316**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **ELIZABETH TACKENBERG**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**JULY 29, 1996**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE** ☐ DELETE  
**NAME** **PD**  
**STREET ADDRESS** **GIRI, SWAMI HARIHARA**  
**CITY-ST-ZIP** **142 WEST JELICO  
SOUTH LAKE TX**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**510 SW 11th Court  
Fort Lauderdale, FL 33315**

**TITLE** ☐ DELETE  
**NAME** **VP**  
**STREET ADDRESS** **GIRI, SWAMI ATMANAND**  
**CITY-ST-ZIP** **152 WEST JELICO  
SOUTH LAKE TX**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**510 SW 11th Court  
Fort Lauderdale, FL 33315**

**TITLE** ☐ DELETE  
**NAME** **D**  
**STREET ADDRESS** **PARIKSHIT, PANDYA**  
**CITY-ST-ZIP** **806 ANTELOPE TRAIL  
TEMPLE TX**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Brian Breiling  
2 St. Jude Lane  
Mill Valley, Ca 94941**

**TITLE** ☐ DELETE  
**NAME** **T**  
**STREET ADDRESS** **MILLER, PAUL**  
**CITY-ST-ZIP** **152 WEST JELICO  
SOUTH LAKE TX**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Manju Agarwal  
10193 Shireoaks Lane  
Boca Raton, FL 33498**

**TITLE** ☐ DELETE  
**NAME** **T**  
**STREET ADDRESS** **MALLAIAH, LENKALA R MD**  
**CITY-ST-ZIP** **8 STONE GATE NORTH  
LONGWOOD FL 32779**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**Elizabeth Tackenberg  
100 SE 18th Court  
Fort Lauderdale, FL 33316**

**TITLE** ☐ DELETE  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**1000019136 H  
-08/06/96--01074--020  
\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003753

CR2E037 (3/96)