

FILE NOW: FILING FEE IS \$61.25

FILED

May 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

3325 GRIFFIN RD.
STE. 218
FT. LAUDERDALE FL 33312

Mailing Address

3325 GRIFFIN RD.
STE. 218
FT. LAUDERDALE FL 33312-55003. Date Incorporated or Qualified
03/02/19933a. Date of Last Report
08/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☒\$5.00 May Be
Added to Fees8. 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

TACKENBERG, ELIZABETH
100 SE 18TH COURT
FT. LAUDERDALE FL 33316

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GIRI, SWAMI HARIHARA
STREET ADDRESS 510 SW 11TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33315☐ DELETETITLE VP
NAME GIRI, SWAMI HARIHARA
STREET ADDRESS 510 SW 11TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33315☐ DELETETITLE D
NAME BREILING, BRIAN
STREET ADDRESS 2 ST. JUDE LN.
CITY-ST-ZIP MILL VALLEY CA 94941☒ DELETETITLE T
NAME AGARWAL, MANJU
STREET ADDRESS 10193 SHIREOAKS LANE
CITY-ST-ZIP BOCA RATON FL 33498☒ DELETETITLE S
NAME TACKENBERG, ELIZABETH
STREET ADDRESS 100 SE 18TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL 33316☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D/C
1.2 NAME GIRI, SWAMI HARIHARANANDA
1.3 STREET ADDRESS 6663 BAYFRONT DRIVE
1.4 CITY-ST-ZIP MARLBOROUGH, FL 33063☒ Change☐ Addition2.1 TITLE V/D/T
2.2 NAME GIRI, SWAMI PRAJNANANANDA
2.3 STREET ADDRESS 6663 BAYFRONT DRIVE
2.4 CITY-ST-ZIP MARLBOROUGH, FL 33063☒ Change☐ Addition3.1 TITLE V/D
3.2 NAME ROBERT HENDERSON
3.3 STREET ADDRESS 16376 REITAN ROAD
3.4 CITY-ST-ZIP BAINBRIDGE ISLAND, WA 98110☐ Change☒ Addition4.1 TITLE M
4.2 NAME DAVID GOLDMAN
4.3 STREET ADDRESS 6318 BROOKLYN NE
4.4 CITY-ST-ZIP SEATTLE WA 98115☐ Change☒ Addition5.1 TITLE S/D
5.2 NAME
5.3 STREET ADDRESS SAME
5.4 CITY-ST-ZIP☒ Change☐ Addition6.1 TITLE M
6.2 NAME CHARLOTTE GOLDMAN
6.3 STREET ADDRESS 6318 BROOKLYN NE
6.4 CITY-ST-ZIP SEATTLE WA 98115☐ Change☒ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

ELIZABETH TACKENBERG
DATE 4/27/97
DAYTIME PHONE 954-522-9938

CR2E037 (9/96)