

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90008 030 ****70.00

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1. Entity Name

KRIYA YOGA INSTITUTE, INC.



Principal Place of Business

24757 S.W. 167TH AVE.
HOMESTEAD FL 33031-1364

Mailing Address

24757 S.W. 167TH AVE.
HOMESTEAD FL 33031-1364



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

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIEBE, KATHARINE
24757 SW 167TH AVE.
HOMESTEAD FL 33031-1364

Name

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

City

FL

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

Katharine Wiebe

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

(NOTE: Registered Agent signature required when reinstating)

May 1, 2008

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PDC ☐ Delete
NAME GIRI, PRAJNANANANDA SWAMI
STREET ADDRESS 24757 SW 167TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33031-1364

TITLE TD ☐ Delete
NAME WIEBE, KATHARINE
STREET ADDRESS 24757 SW 167TH AVENUE
CITY-ST-ZIP HOMESTEAD FL 33031-1364

TITLE D ☐ Delete
NAME SURESH, KODOLIKAR
STREET ADDRESS 10241 WETHERBURN RD
CITY-ST-ZIP ELLICOTT CITY MD 21042

TITLE D ☐ Delete
NAME TACKENBERG, ELIZABETH
STREET ADDRESS 90 ALTON RD APT 1810
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE SD ☐ Delete
NAME LOPATEGUI, JOHN T
STREET ADDRESS 14961 SW 112 TER
CITY-ST-ZIP MIAMI FL 33196

TITLE D ☐ Delete
NAME BREILING, BRIAN
STREET ADDRESS 16470 FLAT RD
CITY-ST-ZIP NEVADA CITY CA 95959

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition
NAME Adesh Gupta
STREET ADDRESS 4107-A Aldershot Court
CITY-ST-ZIP Charlotte, NC 28211

TITLE D ☒ Change ☐ Addition
NAME Wiebe, Katharine
STREET ADDRESS 24757 SW 167 Ave
CITY-ST-ZIP Homestead, FL 33031

TITLE D ☐ Change ☒ Addition
NAME Srinidhi, Hassan N
STREET ADDRESS 15446 East Dorado Ave.
CITY-ST-ZIP Aurora, CO 80015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Katharine Wiebe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2008

305-247-1960

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Payable From #