

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000008

FILED
Feb 11, 2009
Secretary of State

Entity Name: POINCIANA HINDU MANDIR AND CULTURAL ORGANIZATION INC.

Current Principal Place of Business:

3999 MONTEREY RD
KISSIMMEE, FL 34758

New Principal Place of Business:

Current Mailing Address:

4201 SEVAN WAY
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 59-3619772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEOPERSAUD, RAMNARINE
4201 SEVAN WAY
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GURDIAL, MADAN
Address: 2902 SWEETSPIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: DEOPERSAUD, RAMNARINE
Address: 4201 SEVAN WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: KANHAI, RAJESH
Address: 1391 CIDER LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: PD () Delete
Name: DEOPERSAUD, PARMILA
Address: 4201 SEVAN WAY
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: BHANUMATIE, GURDIAL
Address: 2902 SWEETSPIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: SD () Delete
Name: SHAMKARRAN, ASHA
Address: 2636 EAGLE MEADOW LANE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SITAWATTIE, GURDIAL
Address: 2902 SWEETSPIRE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADAN GURDIAL

D

02/11/2009

Electronic Signature of Signing Officer or Director

Date