

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005810

FILED
Jul 23, 2008
Secretary of State

Entity Name: SHIVA SHAKTI MANDIR HINDU ORGANIZATION OF ORLANDO, INC.

Current Principal Place of Business:

129 N PINE HILLS RD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

7313 EDNITAS WAY
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 59-3670034 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAGHAVENDRA, ALEVOOR PD
129 N PINE HILLS RD
ORLANDO, FL 32811 US

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: PD () Delete
Name: ALEVOOR, RAGHAVENDRA
Address: 7313 EDNITAS WAY
City-St-Zip: ORLANDO, FL 32818

Title: STD () Delete
Name: SRIKANTA, ACHARYA
Address: 7313 EDNITAS WAY
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: ALEVOOR, LENA
Address: 7313 EDNITAS WAY
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: ROSHNI, ACHARYA
Address: 7313 EDNITAS WAY
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RAGHAVENDRA ALEVOOR

PD

07/23/2008

Electronic Signature of Signing Officer or Director

Date