

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007421

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SURYANARAYAN FOUNDATION INC.

**Current Principal Place of Business:**

2806 N. 9TH ST.  
TAMPA, FL 33605

**New Principal Place of Business:**

**Current Mailing Address:**

2806 N. 9TH ST.  
TAMPA, FL 33605

**New Mailing Address:**

10434 BLOOMFIELD HILLS DR.  
SEFFNER, FL 33584 US

FEI Number: 81-0576281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEUPAUL, CLAUDE  
10434 BLOOMFIELD HILLS DR  
SEFFNER, FL 33584 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: PF ( ) Delete  
Name: SEUPAUL, CLAUDE  
Address: 10434 BLOOMFIELD HILLDR  
City-St-Zip: SEFFNER, FL 33584

Title: TD ( ) Delete  
Name: GAYANDER, MAHARAJ  
Address: 220-33 93RD ROAD  
City-St-Zip: QUEENS VILLAGE, NY 11428

Title: SD ( ) Delete  
Name: RAMROOP, LEELA  
Address: 11515 ANDY DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: MAHARAJ, RAM  
Address: 18307 CYPRESS HAVEN DRIVE  
City-St-Zip: TAMPA, FL 33647

**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: CLAUDE SEUPAUL

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date