

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90326 044 ****61.25

DOCUMENT # N05000000630

1. Entity Name
SIKH DHARMA OF CENTRAL FLORIDA, INC.



Principal Place of Business
**400 CENTER STREET
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**400 CENTER STREET
ALTAMONTE SPRINGS, FL 32701**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number

16-1714736

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KILLGORE, FRANK H JR
2 S ORANGE AVE 5TH FLOOR
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KHALSA, SAMPURAN S
400 CENTER STREET
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KHALSA, MAHAN K
400 CENTER STREET
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KHALSA, RAM R
400 CENTER STREET
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sampuran S Khalsa

4-25-06

Date

407-831-8101

Daytime Phone #