

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

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



07052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1714736

Applied For
Not Applicable

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

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IN THIS SPACE**

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 September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000767442
07/10/07-80005-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KHALSA, SAMPURAN S
STREET ADDRESS	400 CENTER STREET
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D
NAME	KHALSA, MAHAN K
STREET ADDRESS	400 CENTER STREET
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	D
NAME	KHALSA, RAM R
STREET ADDRESS	400 CENTER STREET
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

Date

7-5-07

Daytime Phone #

407-831-810