

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006164

1. Entity Name
GAYATRI USA HINDU ORGANIZATION, CORP.



Principal Place of Business
3298 NW 104TH AVE
CORAL SPRINGS, FL 33065

Mailing Address
3298 NW 104TH AVE
CORAL SPRINGS, FL 33065



03112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
20-2913500

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SEECHARAN, NARAIN
10559 NORTH WEST 32ND COURT
CORAL SPRINGS, FL 33065

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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 May 1, 2008**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SEECHARAN, NARAIN
STREET ADDRESS 10559 NW 52ND COURT
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D
NAME BABOOLAL, RICKIE
STREET ADDRESS 4365 NW 1ST STREET
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D
NAME WILLIAMS, CHRISTOPHER
STREET ADDRESS 4651 SW 12TH COURT
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE D
NAME MAHARAJ, PUNDIT JAGRAM
STREET ADDRESS 2320 NW 115TH DRIVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE D
NAME RAMPERSAD, ALISON PROF
STREET ADDRESS 14576 COUNTRY SIDE
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE D
NAME SEWNAIRINE, RAMRAJ
STREET ADDRESS 5322 N SPRING VALLEY WAY
CITY-ST-ZIP CORAL SPRINGS, FL 33076

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04/24/08-80046-005 61.25

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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 extension with an address, with all other like empowered

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/08

Date

Daytime Phone #