

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001517

FILED
Apr 08, 2009
Secretary of State

Entity Name: ASHRAM OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

600 HULL ISLAND DRIVE
OAKLAND, FL 34787

New Principal Place of Business:

600 HULL ISLAND DRIVE
WINTER GARDEN, FL 34787

Current Mailing Address:

600 HULL ISLAND DRIVE
OAKLAND, FL 34787

New Mailing Address:

243 HUNT STREET
CLERMONT, FL 34711

FEI Number: 72-1611763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOKHULALL, NARAD
243 HUNT ST.
CLERMONT, FL 34711 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: P () Delete
Name: BAIJNAUTH, PREMCHAND
Address: 15 N LANCELOT AVE
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: BAIJNAUTH, JAINARINE
Address: 107 N HART BLVD
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: BALDEO, KAWOLA
Address: 1051 STATION SIDE DR
City-St-Zip: OAKLAND, FL 34787

Title: D () Delete
Name: HARCHARRAN, NANDARAM
Address: 665 SIMEON RD
City-St-Zip: OAKLAND, FL 34787

Title: T () Delete
Name: JOKHULALL, NARAD
Address: 243 HUNT ST
City-St-Zip: CLERMONT, FL 34711

Title: AT () Delete
Name: SINGH, SEETA
Address: 16501 LOWARY RD
City-St-Zip: MT, FL 34787

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
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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: NARAD JOKHULALL

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date