

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

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

DOCUMENT # N06000001675

1. Entity Name
GAYATRI USA OUTREACH ORGANIZATION, CORP.



Principal Place of Business
**3298 NORTH WEST 104TH AVENUE
CORAL SPRINGS, FL 33065**

Mailing Address
**3298 NORTH WEST 104TH AVENUE
CORAL SPRINGS, FL 33065**



03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, NARAINÉ
STREET ADDRESS	10559 NW 52ND COURT
CITY- ST- ZIP	CORAL SPRINGS, FL 33064
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 N.W. 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	SEWNARINE, RAMRAJ
STREET ADDRESS	5322 N. SPRINGS VALLEY WAY
CITY- ST- ZIP	CORAL SPRINGS, FL 33076

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04/24/08-80046-002 61.25

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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 reports 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 registered 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

Date

Daytime Phone #