

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16353

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: THE SIKH SOCIETY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

2527 WEST SR 426 ALOMA RD  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

2527 WEST SR 426 ALOMA RD  
OVIEDO, FL 32765 US

**New Mailing Address:**

FEI Number: 59-2757722      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CHEHAL, T.S.  
2527 WEST SR 426 ALOMA RD  
OVIEDO, FL 32765 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: T ( ) Delete  
Name: CHEHAL, T.S.  
Address: 2527 WEST SR 426 ALOMA RD  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete  
Name: AUJLA, KAMALJEET S MR  
Address: 2527 W SR 426  
City-St-Zip: OVIEDO, FL 32707

Title: D ( ) Delete  
Name: BHATIA, JASBIR S  
Address: 2527 WEST SR 426 ALOMA RD  
City-St-Zip: OVIEDO, FL 32765 US

Title: T ( ) Delete  
Name: SINGH, JARNAIL  
Address: 2527 WEST SR 426 ALOMA RD  
City-St-Zip: OVIEDO, FL 32765 US

Title: D ( ) Delete  
Name: SINGH, NARINDER  
Address: 2527WEST SR 426 ALOMA ROAD  
City-St-Zip: OVIEDO, FL 32765 US

Title: D (X) Delete  
Name: SINGH, HARBIR  
Address: 2527WEST SR 426 ALOMA ROAD  
City-St-Zip: OVIEDO, FL 32765 US

**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  
Name:  
Address:  
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: KAMALJEET S AUJLA

D

06/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date