

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 JUN 12 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N19892

1. Entity Name
FLORIDA SATSANG SOCIETY, INC.



Principal Place of Business
92 LAKE WIRE DRIVE
LAKELAND, FL 33815

Mailing Address
P.O. BOX 32092
LAKELAND, FL 33802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05302006 REIN-NP CR2E099 (11/05)

4. FEI Number
65-0001524

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOCKTON, RICHARD L
92 LAKE WIRE DRIVE
LAKELAND, FL 33815

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME CONNERS, MICHAEL ☐ Delete
STREET ADDRESS 2015 OAKADIA DR - FRONT
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600076637396
CITY-ST-ZIP 06/27/06--01031--015 **300.00

TITLE D
NAME STERLING, DIANE ☐ Delete
STREET ADDRESS 5045 SAN JUAN AVE.
CITY-ST-ZIP JACKSONVILLE, FL 322103246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600076637396
CITY-ST-ZIP 06/27/06--01031--015 **131.25

TITLE D
NAME STEINER, WIL ☐ Delete
STREET ADDRESS 133 W. FERN DR
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROSENBLUM, ANN ☐ Delete
STREET ADDRESS 595 LORN COURT
CITY-ST-ZIP ORANGE PARK, FL 320734228

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BUTLER, SHERRY
STREET ADDRESS 1420 KNOLLWOOD CIRCLE
CITY-ST-ZIP ORLANDO, FL 328043512

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NEARING, GORDON
STREET ADDRESS 1755 S.W. ST. ANDREWS DRIVE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Michael Connors
President

Date

Daytime Phone #