

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N19892

1. Entity Name  
FLORIDA SATSANG SOCIETY, INC.



**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2115 HARDEN BLVD  
LAKELAND, FL 33803

Mailing Address  
PO BOX 32092  
LAKELAND, FL 33803



07102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

STOCKTON, RICHARD L  
2115 HARDEN BLVD  
LAKELAND, FL 33815

**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 September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
NEARING, GORDON  
1764 SW WATERFALL BLVD  
PALM CITY, FL 34990

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U000000956388  
07/28/08-80001-004 61.25

**DO NOT WRITE  
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 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

Date

Daytime Phone #