2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N23428

1. Entity Name
THE SATHYA PREMA CHARITABLE FOUNDATION, INC.

Principal Place of Business
376 HERBERT PAGE RD
TRYON, NC 28782 US

Mailing Address
P.O. BOX 1460
C/O BARBARA GAIL BLATE
COLUMBUS, NC 28722 US

03152005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0022653
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KURTZ, MARTIN CPA
LONDON WITTE & CO. PA
3101 N FEDERAL HWY STE 700
FORT LAUDERDALE, FL 33306

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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 _____ DATE
(If applicable, type/print name of registered agent and title, if applicable) (FOR Registered Agent signature of current person indicated)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000272587
03/22/05-80012-002 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLATE, BARBARA G
STREET ADDRESS	376 HERBERT PAGE RD
CITY ST ZIP	TRYON, NC 28782
TITLE	D
NAME	BAKER, LAURIE BLATE
STREET ADDRESS	376 HERBERT PAGE RD
CITY ST ZIP	TRYON, NC 28782
TITLE	D
NAME	RUBY, DIANE
STREET ADDRESS	341 HERBERT PAGE RD
CITY ST ZIP	TRYON, NC 28782
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Barbara Gail Blate 3/15/05 828-863-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #