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Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000084 (4)**

1. Corporation Name

**MAHARISHI SCHOOL OF AYUR-VED, INC. (FLORIDA)**

Principal Place of Business

Mailing Address

4525 S. MANHATTAN AVE.  
TAMPA FL 33611  
US

4525 S. MANHATTAN AVE.  
TAMPA FL 33611  
US

*MVED Legal Dept.  
225 Whispering Hills Rd  
Suite 400  
Boone NC 28607*

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**01/08/1993**

4. FEI Number

**65-0409626**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TR** ☐ DELETE  
NAME **NANDKISHORE, BRAHMACHARI DR**  
STREET ADDRESS **225 WHISPERING HILLS ROAD, SUITE 400**  
CITY-ST-ZIP **BOONE NC**

TITLE **TR** ☐ DELETE  
NAME **MORRIS, BEVAN DR**  
STREET ADDRESS **1000 N. 4TH ST. DB-1113**  
CITY-ST-ZIP **FAIRFIELD IA**

TITLE **TRP** ☐ DELETE  
NAME **NADER, TONY M**  
STREET ADDRESS **33 GARDEN STREET**  
CITY-ST-ZIP **CAMBRIDGE MA**

TITLE **TRT** ☐ DELETE  
NAME **PATERSON, NEIL**  
STREET ADDRESS **225 WHISPERING HILLS ROAD, SUITE 400**  
CITY-ST-ZIP **BOONE NC**

TITLE **TR** ☐ DELETE  
NAME **FELDMAN, BENJAMIN**  
STREET ADDRESS **225 WHISPERING HILLS ROAD, SUITE 400**  
CITY-ST-ZIP **BOONE NC**

TITLE **TR** ☐ DELETE  
NAME **BONCHEFF, JOHN T**  
STREET ADDRESS **225 WHISPERING HILLS ROAD, SUITE 400**  
CITY-ST-ZIP **BOONE NC**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

*Please see attached*

*list for additions*

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

*Neil Paterson*

704 265 4612

CR2E037 (10/97)

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Maharishi School of Ayur-Ved, Inc. (Florida)

Corporate Officers and Directors/Trustees

Note: All Officers and Directors were elected March 2, 1997. Terms of Directors expire March 2, 2000; terms of Officers are indefinite

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President	Dr. Tony M. A. Nader	225 Whispering Hills Road Suite 400 Boone NC 28607
Secretary	Mr. Paul Potter	225 Whispering Hills Road Suite 400 Boone NC 28607
Assistant Secretary	Dr. Benjamin Feldman	225 Whispering Hills Road Suite 400 Boone NC 28607
Treasurer	Dr. Neil Paterson	225 Whispering Hills Road Suite 400 Boone NC 28607
Director	Dr. Hari M. Sharma	6873 Bonnie Brae Lane Columbus OH 43235
Director	Dr. John T. Boncheff	225 Whispering Hills Road Suite 400 Boone NC 28607
Director	Dr. Robert Keith Wallace	225 Whispering Hills Road Suite 400 Boone NC 28607
Director	Mr. Thomas M. Headley	1177 Mesa Rd Santa Barbara CA 93108
Director	Dr. Neil Paterson	225 Whispering Hills Road Suite 400 Boone NC 28607
Director	Dr. Brahmachari Nand Kishore	225 Whispering Hills Road Suite 400 Boone NC 28607
Director	Dr. Tony M. A. Nader	225 Whispering Hills Road Suite 400 Boone NC 28607
Director	Dr. Bevan Morris	Maharishi University of Management DB-1113, 1000 N. 4th Street Fairfield IA 52557
Director	Dr. Benjamin Feldman	225 Whispering Hills Road Suite 400 Boone NC 28607
Director	David Verrill	17310 Sunset Blvd Pacific Palisades CA 90272

*Not on your list*