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Apr 13, 1999 8:00 am
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04-13-1999 90095 011 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000093

1. Corporation Name

MAHARISHI VEDIC UNIVERSITY, INC. (FLORIDA)

Principal Place of Business
4525 S. MANHATTAN AVENUE
TAMPA FL 33611
US

Mailing Address
MVED LEGAL DEPT. STE 400
225 WHISPERING HILLS RD
BONNE NC 28607
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
01/08/1993

4. FEI Number
65-0409623

Applied For
Not Applicable

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

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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
NAME PD
STREET ADDRESS BONCHEFF, JOHN T
CITY-ST-ZIP 225 WHISPERING HILLS ROAD, SUITE 400
BOONE NC

TITLE
NAME S
STREET ADDRESS POTTER, PAUL
CITY-ST-ZIP 225 WHISPERING HILLS ROAD, SUITE 400
BOONE NC

TITLE
NAME TD
STREET ADDRESS PATERSON, NEIL
CITY-ST-ZIP 225 WHISPERING HILLS ROAD, SUITE 400
BOONE NC

TITLE
NAME D
STREET ADDRESS MORRIS, BEVAN
CITY-ST-ZIP DB-1113, 1000 N. 4TH ST.
FAIRFIELD IA 52557-1113

TITLE
NAME D
STREET ADDRESS NANDKISHORE, BRAHMACHARI
CITY-ST-ZIP 225 WHISPERING HILLS ROAD, SUITE 400
BOONE NC

TITLE
NAME D
STREET ADDRESS NADER, TONY M.A.
CITY-ST-ZIP 33 GARDEN ST.
CAMBRIDGE MA 02138

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 D
6.3 STREET ADDRESS NADER, TONY M.A.
6.4 CITY-ST-ZIP 225 WHISPERING HILLS RD, SUITE 400
BOONE, NC 28607

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED JOHN BONCHEFF

4/6/99

(928) 265-4612

CR2E037 (11/98)