

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000000296**

1. Entity Name

THE BREVARD HINDU MANDIR, INC.



Principal Place of Business

1517 AVIENIDA DEL RIO  
MELBOURNE, FL 32901 US

Mailing Address

1517 AVIENIDA DEL RIO  
MELBOURNE, FL 32901 US



06022008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3421212

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SAVITRIE, BENIMADHU  
754 RIVIERA DR  
PALM BAY, FL 32905

**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	SD BENIMADHU, SAVITRIE 754 RIVIERA DR PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PATEL, BACHU 570 NEWPORT DRIVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENIMADHA, DEROOP 754 RIVIERA DR PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000952828 70.00  
06/05/08-80004-004 558.75

**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:** Savitrie Benimadhu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-2-08 321-723-6543