

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005126

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: SHREE KRISHNA MANDIR, INC.

## Current Principal Place of Business:

7206 HEMLOCK RD  
OCALA, FL 34472 US

## New Principal Place of Business:

## Current Mailing Address:

545 SILVERCOURSE RUN  
OCALA, FL 34472 US

## New Mailing Address:

545 SILVER COURSE RUN  
OCALA, FL 34472 US

FEI Number: 59-3346345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAMRUP, DASRATH  
545 SILVERCOURSE RUN  
OCALA, FL 34472 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RAMRUP, DASRATH  
Address: 545 SILVER COURSE RUN  
City-St-Zip: OCALA, FL 34472

Title: D ( ) Delete  
Name: RAMRUP, TULSIEDAI  
Address: 545 SILVERCOURSE RUN  
City-St-Zip: OCALA, FL 34472

Title: S ( ) Delete  
Name: BALDEO, SAVITREE  
Address: 20765 WALNUT ST  
City-St-Zip: DUNNELLON, FL 34432

Title: T ( ) Delete  
Name: TULSIEDAI, RAMRUP  
Address: 545 SILVER COURSE RUN  
City-St-Zip: OCALA, FL 34472

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DASRATH RAMRUP

DP

02/02/2009

Electronic Signature of Signing Officer or Director

Date