## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

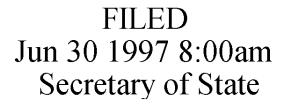
Secretary of State DIVISION OF CORPORATIONS

N96000004384 (1) DOCUMENT #

MAHESHWAR CHARITABLE FOUNDATION, INC.

Principal Place of Business

Mailing Address





2370 TREETOP MELBOURNE F		4107 SPARROW HAWK RD MELBOURNE FL 32934-8531								
						3. Date Incorporated or Qualified 08/20/1996	3a. Date of	Last R	eport	
2. Principal P	2a. Mailing Address				4. FEI Number	***************************************	Ар	plied For		
21		26				59-3405967		No	t Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat		City & State				6. Election Campaign Financing Trust Fund Contribution				
Zip 24	Country 25	Zıp 29	Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			8	B1	Name					
KAPOOR, SHEILA S 4107 SPARROW HAWK RD				B2	Street Address (P.O. Box Number is Not Acceptable)					
	URNE FL 32934	Ţ.		B3						
			8	84	City		FL 85	Zip (	Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 617.050 registered agent, or both, in the State im familiar with, and accept the oblig	02 and 617.1508, Florida Statut of Florida. Such change was ations of, Section 617.0503, Fl	tes, the abo authorized orida Statu	ove-r by ti	named cor he corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of chan t the appointm	ging it	s registered registered	
SIGNATURE .										
	Signature, typed or printed name of registered ag		<del></del>	Ageni	Bignature requ	lred when reinstaling)	DATE			
12.	T	DELETE	13.		····	ADDITIONS/CHANGES 10 OFFIC			S IN 12 Addition	
TITLE	D D	☐ Detere	1.1 TITL				□ 0	ımıngo	L_I Addition	
NAME	KAPOOR, K DEEPAK		1.2 NAM							
STREET ADDRESS	4107 SPARROW HAWK RD MELBOURNE FL 32934				DDRESS					
CITY-ST-ZIP TITLE	D MELBOURNE FL 32834	☐ DELETE	1.4 CITY 2.1 TITL		ZIP	· · ·		hanne	Addition	
NAME	KAPOOR, SHEILA S	<u> </u>	2.2 NAM					inai igo		
STREET ADDRESS	4107 SPARROW HAWK RD		2.3 STR		DORESS					
CITY-ST-ZIP	MELBOURNE FL 32934		2.4 CIT							
TITLE	n	DELETE	3.1 TITL		- £11		C	hange	Addition	
NAME	SAINI, DALJIT S		3.2 NAV					-		
STREET ADDRESS	2370 TREETOP CT		3.3 STR		DORESS					
CITY-\$T-ZIP	MELBOURNE FL 32934		3.4. CIT							
TITLE		☐ DELETE	4.1 1111				c	hange	☐ Addition	
NAME ·			4. 2 NAM	ME						
STREET ADDRESS			4.3 STRI	EET AC	DDRESS					
CITY-ST-ZIP			4.4 CITY	Y- ST	ZIP					
TITLE	DELETE 5.1 TO		5.1 TITU	.E			□ c	hange	☐ Addition	
NAME			5.2 NAM	<b>NE</b>						
STREET ADDRESS			5.3 STR	EET AD	DORESS					
CITY-\$T-ZIP			5.4 CITY	Y-ST-	ZIP					
TITLE		☐ DELETE	6.1 TITL	.E			□ c	hange	☐ Addition	
NAME			6.2 NAM	ΛE	-					
STREET ADDRESS			6.3 STR	EET AC	DDRESS					
CITY-ST-ZIP			6.4 CITY	Y-\$1-	ZIP					

I do 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 13 if changed, or on an attachment with an address.

(4.7)