2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004384

1. Entity Name
MAHESHWAR CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2370 TREETOP CT MELBOURNE, FL 32934	4107 SPARROW HAWK RD MELBOURNE, FL 32934

DO NOT WRITE IN THIS SPACE

04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3405967
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KAPOOR, SHEILA S
4107 SPARROW HAWK RD
MELBOURNE, FL 32934

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000110650
04/12/04-60052-004 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAPOOR, K DEEPAK
STREET ADDRESS	4107 SPARROW HAWK RD
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	KAPOOR, SHEILA S
STREET ADDRESS	4107 SPARROW HAWK RD
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	SAINI, DALJIT S
STREET ADDRESS	2370 TREETOP CT
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	D
NAME	M.C. AGGARWAL, M.D.
STREET ADDRESS	2442 N FOUND HARBOR DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	KUSHNER, HAROLD MD
STREET ADDRESS	2910 RIVER POINT DR
CITY-ST-ZIP	DAYTONA BEACH, FL 32118
TITLE	D
NAME	KASHKARI, SHEILA MD
STREET ADDRESS	1358 RERKSHIRE RD
CITY-ST-ZIP	STOW, OH 44224

DO NOT WRITE IN THIS SPACE

12. 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 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: K. DEEPAK KAPOOR 04-09-04 (321) 242-9520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HONORARY DIRECTOR

Encls.. check for $61.25