

**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 2370 TREETOP CT MELBOURNE, FL 32934	Mailing Address 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

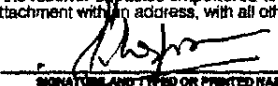
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000110650 04/12/04-60092-004 61.25
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPOOR, K DEEPAK 4107 SPARROW HAWK RD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPOOR, SHEILA S 4107 SPARROW HAWK RD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINI, DALJIT S 2370 TREETOP CT MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M.C. AGGARWAL, M.D. 2442 N FOUND HARBOR DR MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSHNER, HAROLD MD 2910 RIVER POINT DR DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHKARI, SHEILA MD 1358 RERKSHIRE RD 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HOUSLEY DILEYON** Date Daytime Phone #

Encls. Check for \$61.25