


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90024 046 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3405967	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KAPOOR, SHEILA S 4107 SPARROW HAWK RD MELBOURNE, FL 32934			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPOOR, K DEEPAK 4107 SPARROW HAWK RD MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPOOR, SHEILA S 4107 SPARROW HAWK RD MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAINI, DALJIT S 2370 TREETOP CT MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D M.C. AGGARWAL, M.D. 2442 N FOUND HARBOR DR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSHNER, HAROLD MD 2910 RIVER POINT DR DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASHKARI, SHEILA MD 1358 RERKSHIRE RD STOW, OH 44224	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILAS CHARLES, M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CANCER CARE CENTERS OF BREVARD 1430 S. PINE ST., MELBOURNE, FL 32901.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHABNAM SATYARTHI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5 DANA CT. PRINCETON, N.J. 08540.				
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: <u>Sheela S Kapoor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APR 14 '08 (321) 610-4265 <small>Date Daytime Phone #</small>		