

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90053 001 ****62.00
07-27-2005 90053 002 ****9.00

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| DOCUMENT # N96000004423 | | | | | |
| 1. Entity Name ALUMNI ASSOCIATION OF SREE NARAYANA COLLEGES IN KOLLAM, INC. | | | | | |
| Principal Place of Business 8 OCEAN DRIVE PUNTA GORDA, FL 33950 | | | Mailing Address 8 OCEAN DRIVE PUNTA GORDA, FL 33950 | | |
| 2. Principal Place of Business 118 NW HERON GLEN | | 3. Mailing Address 118 NW HERON GLEN | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State LAKE CITY, FL 32055 | | City & State LAKE CITY, FL | | | |
| Zip 32055 | | Country USA | | 4. FEI Number 65-0718432 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | Applied For Not Applicable | | | |
| 6. Name and Address of Current Registered Agent NARAYAN, DEV M 8 OCEAN DR PUNTA GORDA, FL 33950 | | | | | |
| 7. Name and Address of New Registered Agent Name: GIRISH BHASKAR Street Address (P.O. Box Number is Not Acceptable): 118 NW HERON GLEN City: LAKE CITY, FL Zip Code: 32055 | | | | | |
| 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: PRESIDENT & TREASURER (GIRISH BHASKAR) <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when releasing) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 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 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete NARAYAN, DEV MD 8 OCEAN DRIVE PUNTA GORDA, FL 33950 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete BHASKAR, GIRISH MD ROUTE 13 BOX 418 LAKE CITY, FL 32055 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete NARAYAN, GEETHA 8 OCEAN DRIVE PUNTA GORDA, FL 33950 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT & TREASURER GIRISH BHASKAR 118 N.W. HERON GLEN LAKE CITY, FL 32055 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY PARVATHY BHOSHMANAN NO 97 S. INTERLAKEN DR MADISON AL. 35758 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR SATISH BHASKAR 8218 WEST 127TH PLACE OVERLAND PARK, KS. 66213 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 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: GIRISH BHASKAR 7/24/05 386-755 3016 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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