2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001669

Entity Name: FLORIDA SEVASHRAM SANGHA, INC.

FILED Feb 03, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

7788 LANTANA ROAD 7785 LANTANA ROAD LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

6106 WEST FALL ROAD LAKE WORTH, FL 33463

FEI Number: 65-0743765 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAHARAJ, PANDIG B
6106 WESTFALL RD
6406 WESTFALL RD
6502 BLUE SKIES DR
6502 LAKE WORTH, FL 33463 US
6502 BLUE SKIES DR
6502 BLU

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.

SIGNATURE: ASHA SHARMA 02/03/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 MAHARAJ, PANDIG B
 Name:
 MAHARAJ, BALDATH PUNDIT

 Address:
 6106 WESTFALL RD
 Address:
 6106 WESTFALL RD

 City-St-Zip:
 LAKE WORTH, FL 33463
 City-St-Zip:
 LAKE WORTH, FL 33463

Title: T () Delete Title: () Change () Addition

 Name:
 DABIESINGH, DEENESH
 Name:

 Address:
 35 SPRINGDALE RD.
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33467
 City-St-Zip:

Title: () Delete Title: (X) Change () Addition RAMPERSAD, RABBYNATH Name: RAMPERSAD, RABBYNATH Name: 12374 75TH LANE WEST Address: Address: 12374 75TH LANE WEST City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: WEST PALM BEACH, FL 33412

Title: D () Delete Title: () Change () Addition

 Name:
 MAHARAJ, SHERYAN
 Name:

 Address:
 949 WIKALMIA DR
 Address:

 City-St-Zip:
 LAKE PARK, FL 33403
 City-St-Zip:

 Name:
 GOBIN, SOOKLAL
 Name:

 Address:
 623 SOUTH ROAD
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 GOSINE, VAROON
 Name:

 Address:
 2950 NW 106TH AVE, UNIT 1
 Address:

 City-St-Zip:
 SUNRISE, FL 33322
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASHA SHARMA T 02/03/2009