

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004634

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: HANUMAN SIDDHI MANDALI & CULTURAL CENTER INC.

## Current Principal Place of Business:

2563 L.B. MC LEOD RD.  
AKA 3119 LAURESA LN  
ORLANDO, FL 32805

## New Principal Place of Business:

2563 L.B. MC LEOD RD.  
AKA 3119 LAURESSA LN  
ORLANDO, FL 32805

## Current Mailing Address:

P.O. BOX 555008  
ORLANDO, FL 32855 US

## New Mailing Address:

FEI Number: 59-3476256      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SINGH, HARI P  
19606 OBERLY PKWY  
ORLANDO, FL 32833 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SINGH, HARI P  
Address: 19606 ODERLY PKWY  
City-St-Zip: ORLANDO, FL 32833

Title: VD ( ) Delete  
Name: RAMDAT, GOWTAM  
Address: P.O. BOX 585623  
City-St-Zip: ORLANDO, FL 32858 US

Title: SD ( ) Delete  
Name: PERSAUD, SANDRA  
Address: 5797 BROOKGREEN AVENUE  
City-St-Zip: ORLANDO, FL 32838 US

Title: TD ( ) Delete  
Name: YASIN, BIBI Z  
Address: P.O. BOX 1764  
City-St-Zip: WINDERMERE, FL 34786 US

Title: D ( ) Delete  
Name: NARINE, CHUNELALL  
Address: 84-59 259 ST  
City-St-Zip: FLORAL PARK, NY 11011 US

Title: D ( ) Delete  
Name: KISHORE MANGAL, KAMAL  
Address: 6115 TOMOKA DR  
City-St-Zip: ORLANDO, FL 32809

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SINGH, HARI P  
Address: 19606 OBERLY PKWY  
City-St-Zip: ORLANDO, FL 32833

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: BIBI Z YASIN

TD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date