## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

SIGNATURE: Kieu



FLORIDA DEPARTMENT OF STATE

FILED

Mar 18 1998 8:00am

Secretary of State

## Sandra ByMorthage

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000005589 (3)

RAMA KRISHNA HINDU ORGANIZATION FLORIDA, INC.

8110 NW 20 COURT 8110 NW 20 COURT 3. Date Incorporated or Qualified SUNRISE FL 33323 SUNRISE FL 33323 10/02/1997 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes 23 28 Zip Country Country This corporation owes or has paid the current year Intangible ☐ Yes 24 29 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DASS, KEN 82 Street Address (P.O. Box Number is Not Acceptable) 8110 NW 20 COURT 83 SUNRISE FL 33323 84 City Zip Code Pursuant to the provisions of Sections 617.050? and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of. Section 617.0503, Florida Statutes. Days a pl registered agont (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition - frsident Delete Change TITLE 1.1 TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS SUNRISE 92 33383 1.4 CITY-ST-ZIP CITY-ST-ZIP JARADONE MaharaJ- &C. | DELETE Change Addition TITLE 2.1 TiTLE NAME 2.2 NAME 30 NW 35 St 1965c 2 33343 D STREET ADDRESS 2.3 STREET ADDRESS enlese, CITY-ST-ZIP 2.4 CITY-ST-ZIP rrendra Sowcoron-UP 1 1448 Nov By Court huderdall takes, 2 33313 DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME NAME U 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

MIN 13