

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000006383

1. Entity Name
SHRI CHAKRADHAR GEETA SAMAAJ INC.



Principal Place of Business
4525 CANARD ROAD
MELBOURNE, FL 32934

Mailing Address
4525 CANARD ROAD
MELBOURNE, FL 32934

FILED
Jul 31, 2008 08:00 AM
Secretary of State



07282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3480620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISHRA, ARUN
4525 CANARD ROAD
MELBOURNE, FL 32934

**DO NOT WRITE
IN THIS SPACE**

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 Arun Mishra
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/28/08
DATE

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VYAS, SHARAD DR 1802 PINE STREET MELBOURNE, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LONGANI, HANSRAJ 520 SANDERLING DR INDIATLANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MISHRA, ARUN 4525 CANARD RD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SAXENA, GOPAL K 3685 BIG PINE RD MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LODAYA, MANIKAMT 3635 BLUEFIELD AVE MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAGLANI, MUKESH 216 SEAVIEW DR MELBOURNE BEACH, FL 32951

U00000956741
07/31/08-80002-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Arun Mishra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/08 321-725-7500