

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006383

FILED
May 30, 2009
Secretary of State

Entity Name: SHRI CHAKRADHAR GEETA SAMAAJ INC.

Current Principal Place of Business:

4525 CANARD ROAD
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

4525 CANARD ROAD
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-3480620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MISHRA, ARUN
4525 CANARD ROAD
MELBOURNE, FL 32934 US

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: D () Delete
Name: VYAS, SHARAD DR
Address: 1802 PINE STREET
City-St-Zip: MELBOURNE, FL 32951

Title: VP () Delete
Name: LONGANI, HANSRAJ
Address: 520 SANDERLING DR
City-St-Zip: INDIATLANTIC, FL 32903

Title: ST () Delete
Name: MISHRA, ARUN
Address: 4525 CANARD RD
City-St-Zip: MELBOURNE, FL 32934

Title: P () Delete
Name: SAXENA, GOPAL K
Address: 3685 BIG PINE RD
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: LODAYA, MANIKAMT
Address: 3635 BLUEFIELD AVE
City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete
Name: GAGLANI, MUKESH
Address: 216 SEAVIEW DR
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: ARUN MISHRA

ST

05/30/2009

Electronic Signature of Signing Officer or Director

Date