

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000003658

1. Entity Name
GOVINDA MISSION, INC.



Principal Place of Business
4080 MANOR OAKS CT
EXPORT, PA 15632 US

Mailing Address
4080 MANOR OAKS CT
EXPORT, PA 15632 US



04182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3524193

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, WADE F JR
118 E JEFFERSON ST
ORLANDO, FL 32801

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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 _____

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

(NOTE: Registered Agent signature required when resigning)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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 REDDY, SUBBA K 4080 MANOR OAKS CT EXPORT, PA 15632
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D REDDY, LAKSHMI K 4080 MANOR OAKS CT EXPORT, PA 15632
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D REDDY, RANGA N 4080 MANOR OAKS CT EXPORT, PA 15632
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05/03/07-80019-012 61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SUBBA K. REDDY, PRESIDENT 4-18-07 724-733-8702