2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P05110

Entity Name: BRAHMA KUMARIS WORLD SPIRITUAL ORGANIZATION (COMPANY)

Current Principal Place of Business:

4160 SW 4TH ST
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

4160 SW 4TH ST
MIAMI, FL 33134

New Mailing Address:

FEI Number: 74-1946190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCHUGH, VERONICA
4160 SW 4TH ST.
MIAMI, FL 33134 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: PANJABI, MOHINI,
Address: 46 S MIDDLE NECK RD
City-St-Zip: GREAT NECK, NY

Title: VD ( ) Delete
Name: DESAI, CHANDRIKA,
Address: 401 BAKER ST.
City-St-Zip: SAN FRANCISCO, CA

Title: D ( ) Delete
Name: STEINFELD, DOROTHY
Address: P O BOX 99
City-St-Zip: HAINES FALL, NY 12436

Title: D ( ) Delete
Name: SHAH, RAMESH N.,
Address: 121 MAHATMA GANDI RD.
City-St-Zip: BOMBAY, INDIA,

Title: STD ( ) Delete
Name: IYENGAR, KALA
Address: 46 S MIDDLE NECK ROAD
City-St-Zip: GREAT NECK, NY 11021

Title: D ( ) Delete
Name: LARSON, ERIK
Address: 46 S MIDDLE NECK RD
City-St-Zip: GREAT NECK, NY 11021

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: ERIK LARSON D 03/04/2009

Electronic Signature of Signing Officer or Director — Date