FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27196 (5)

1. Corporation Name
BOCHASANWASI SWAMINARAYAN SANSTHA, INCORPORATED

Principal Place of Business	Mailing Address
43-38 BOWNE STREET FLUSHING NY 11355	43-38 BOWNE STREET FLUSHING NY 11355

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1989
3a. Date of Last Report: 03/24/1994
4. FEI Number: 23-7357602 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 43-38 BOWNE STREET	2a. Mailing Address 26 43-38 BOWNE STREET
Suite, Apt. #, etc. 22 -	Suite, Apt. #, etc. 27 -
City & State 23 FLUSHING, NEW YORK	City & State 28 FLUSHING, NEW YORK
Zip / Country 24 11355 / 25 USA	Zip / Country 29 11355 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BAROT, RAGHU G. 3630 S.E 24TH AVE. OCALA FL 34471	81 Name: MR ARVIND M. PATEL 82 Street Address (P.O. Box Number is Not Acceptable): 1325 W. OAKRIDGE Rd 83 84 City: ORLANDO FL 85 Zip Code: 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE X Arvind M Patel
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, KANTILAL C.	1.2 NAME	
STREET ADDRESS	43-38 BOWNE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLUSHING NY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, C.M.	2.2 NAME	
STREET ADDRESS	43-38 BOWNE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLUSHING NY	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	KHAMAR, M.M.	3.2 NAME	
STREET ADDRESS	43-38 BOWNE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLUSHING NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] President 2/6/95 718-347-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B3B3