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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:15

DOCUMENT # **F93000001152 (8)**

1. Corporation Name
KRIYA YOGA ASHRAM, INC.

Principal Place of Business	Mailing Address
315 N. MANGOUSTINE AVENUE SANFORD FL 32771	315 N. MANGOUSTINE AVENUE SANFORD FL 32771

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1993
3a. Date of Last Report: 08/23/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

MALLAIAH, LENKALA R MD
315 N. MANGOUSTINE AVENUE
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GIRI, SWAMI HARIHARA	12 NAME	
STREET ADDRESS	142 WEST JELLICO	13 STREET ADDRESS	
CITY-ST-ZIP	SOUTHLAKE TX	14 CITY-ST-ZIP	76092
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	GIRI, SWAMI ATMANAND	22 NAME	
STREET ADDRESS	152 WEST JELLICO	23 STREET ADDRESS	
CITY-ST-ZIP	SOUTHLAKE TX	24 CITY-ST-ZIP	76092
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PARIKSHIT, PANDYA	32 NAME	
STREET ADDRESS	806 ANTELOPE TRAIL	33 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	34 CITY-ST-ZIP	76504
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	MILLER, PAUL	42 NAME	
STREET ADDRESS	152 WEST JELLICO	43 STREET ADDRESS	
CITY-ST-ZIP	SOUTHLAKE TX	44 CITY-ST-ZIP	76092
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	MALLAIAH, LENKALA R MD	52 NAME	
STREET ADDRESS	8 STONE GATE NORTH	53 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL 32779	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: Paul Miller 4/5/95 (817) 379-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL MILLER

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