2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2018
Secretary of State
CC6615029383

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Entity Name: THE VEDANTA CENTER OF ST. PETERSBURG, INC.

Current Principal Place of Business:

216 19TH AVE., S.E.
ST PETERSBURG, FL 33705

Current Mailing Address:

216 19TH AVE., S.E.
ST PETERSBURG, FL 33705

FEI Number: 59-2808750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ISHTANANDA, SWAMI
216 - 19TH AVE, S.E.
SAINT PETERSBURG, FL 33705 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

Officer/Director Detail :

Title	PD
Name	ISHTANANDA, SWAMI
Address	216 19TH AVE. SE
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	SD
Name	HAWLEY, ELIZABETH
Address	215 20TH AVE., S.E.
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	TD
Name	CAMPBELL, LOIS
Address	2525 FLORIDA AVENUE S
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	DIRECTOR
Name	SALIGAME, RAMESH
Address	14603 ANCHORET RD.
City-State-Zip:	TAMPA FL 33618

Title	D
Name	SCARGILL, KATHLEEN
Address	236 19TH AVE. S.E.
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	VD
Name	HAWLEY, ROBERT
Address	215-20TH AVE., S.E.
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	DIRECTOR
Name	SCARGILL, IAN
Address	236 19TH AVE S.E.
City-State-Zip:	SAINT PETERSBURG FL 33705

Title	DIRECTOR
Name	TRAYLOR, JAY
Address	615 - 19TH AVENUE NE
City-State-Zip:	SAINT PETERSBURG FL 33704

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I hereby 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 all other like empowered.

SIGNATURE: SWAMI ISHTANANDA PRESIDENT 02/14/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	DADLANI, SINDHU
Address	6412 RENWICK CIRCLE
City-State-Zip:	TAMPA FL 33647