

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010202

Entity Name: BHAWANI ASHRAM, INC**Current Principal Place of Business:**202 NE ST JAMES DRIVE
PORT ST. LUCIE, FL 34983**Current Mailing Address:**202 NE ST JAMES DRIVE
PORT ST. LUCIE, FL 34983**FEI Number:** 26-1289162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANGHRA, KULESHWARIE
102 NW MADISON CT
PORT ST. LUCIE, FL 34986 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	PRESIDENT
Name	MANGHRA, KULESHWARIE
Address	102 NW MADISON CT
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	TREASURER
Name	LALL, MARY
Address	8725 THOMPSON POINT RD
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	ASST. SECRETARY
Name	DAVID, RAJPATIE
Address	1220 SW HUTCHINS STREET
City-State-Zip:	PORT ST. LUCIE FL 34983

Title	SECRETARY
Name	MANGAR, TOOLSIDAI
Address	193 SW GETTYSBURG DR
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	VP
Name	CHANDERDAT, JAIRAJ
Address	4070 SW NEWPORT CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	ASST. TREASURER
Name	MANGHRA, KHEMRAJ
Address	102 NW MADISON CT.
City-State-Zip:	PORT ST. LUCIE FL 34986

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: KULESHWARIE MANGHRA**PRESIDENT****04/20/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date