SIGNATURE: KRISHNA B POKHAREL

Electronic Signature of Signing Officer/Director Detail

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N1200004397

Entity Name: NEPALI COMMUNITY CENTER ORLANDO INC

Current Principal Place of Business:

2015 SAND ARBOR CIRCLE ORLANDO. FL 32824

Current Mailing Address:

2015 SAND ARBOR CIRCLE ORLANDO, FL 32824

FEI Number: 45-5309779

Name and Address of Current Registered Agent:

POKHAREL, KRISHNA B 2015 SAND ARBOR CIRCLE ORLANDO, FL 32824 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

Officer/Director Detail :

Title	P	Title	VP
Name	THAPA, DHAN M	Name	MALLA, NIJANANDA
Address	1725 DUROCK CT.	Address	783 MARTAN CT.
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	TITUSVILL FL 32780
Title	SEC	Title	TRES
Name	NEUPANE, CHETAN	Name	SHRESTHA, SAWTANTRA
		Address	10119 CYPRUS KNEE CIRCLE
Address	7101 GATESHEAD CIRCLE		
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32825
Title	INFO.SEC	Title	Μ
Name	PARAJULI, JHON	Name	DEVKOTA, ASMITA
Address	817 RAVEN CIRCLE	Address	8814 IRNEE LAKE WAY
	ALTAMONTE SPRING FL 32714	City-State-Zip:	ORLANDO FL 32817
City-State-Zip.	ALTAMONTE SPRING PL 32/14		
Title	Μ	Title	Μ
Name	RAI, ARATI	Name	ADHIKARI, RAMESHCHANDRA
Address	522 EAST AMELIA ST.	Address	4005 SALON DRIVE - 3 # 206
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32826

Continues on page 2

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.

IPP(M)

03/11/2015 Date

FILED Mar 11, 2015 Secretary of State CC4364804374

Certificate of Status Desired: No

Date

Officer/Director Detail Continued :

Title	Μ	Title	Μ
Name	GAUTAM, SHANKAR	Name	SHAKYA, SIWALI
Address	1964 MUSTARD LEAF DRIVE	Address	1307 BALSCOVE WILLOW TRL.
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32825
Title	IPP (M)		

Address2015 SAND ARBOR CIRCLECity-State-Zip:ORLANDO FL 32824

POKHAREL, KRISHNA B

Name