SIGNATURE	DHAN M THAPA			02/09/2019
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Р	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	7101 GATESHEAD CIRCLE	Address	10119 CYPRUS KNEE 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	
City-State-Zip:	ALTAMONTE SPRING FL 32714	City-State-Zip:	ORLANDO FL 32817	
Title	М	Title	Μ	
Name	RAI, ARATI	Name	ADHIKARI, RAMESHCHANDR	4
Address	522 EAST AMELIA ST.	Address	4005 SALON DRIVE - 3	

### FEI Number: 45-5309779

### Name and Address of Current Registered Agent:

THAPA, DHAN M 1725 DUROCK CT ORLANDO, FL 32807 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.

## **Current Mailing Address:** 1725 DUROCK CT

## DOCUMENT# N1200004397

### Entity Name: NEPALI COMMUNITY CENTER ORLANDO INC

### **Current Principal Place of Business:**

1725 DUROCK CT ORLANDO, FL 32807

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

ORLANDO, FL 32807 US

Certificate of Status Desired: No

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: DHAN THAPA

City-State-Zip: ORLANDO FL 32803

Ρ

Continues on page 2

City-State-Zip:

# 206

ORLANDO FL 32826

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Feb 09, 2019 Secretary of State 5040462372CC

## **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