## 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001152

Entity Name: KRIYA YOGA INSTITUTE, INC.

**Current Principal Place of Business:** 

24757 S.W. 167TH AVE. HOMESTEAD, FL 33031-1364

**Current Mailing Address:** 

24757 S.W. 167TH AVE.

HOMESTEAD, FL 33031-1364 US

FEI Number: 52-1074796 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WIEBE, KATHARINE 24757 SW 167TH AVE. HOMESTEAD, FL 33031-1364 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

FILED Mar 30, 2024

**Secretary of State** 

4003706087CC

Date

Officer/Director Detail:

Title PD Title VD

Name KODOLIKAR, SURESH Name GIRI, SWAMI A

Address 311 FOX HILL COURT Address 24757 SW 167TH AVENUE

City-State-Zip: GLEN MILLS PA 19342 City-State-Zip: HOMESTEAD FL 33031-1364

Title DIRECTOR Title TD

NameLOPATEGUI, JOHN TNameWIEBE, KATHARINEAddressRUS MARCOS LOPES 105, APT 113Address24757 SW 167 AVE

VILA NOVA CONCEICAO City-State-Zip: HOMESTEAD FL 33031

City-State-Zip: SAO PAULO SP 04513-080

Title D

Name PANDYA, BHADRAYU
Name GIRI, SWAMI VAIRAGYANANDA

Address 3400 EARL DRIVE Address 9865 WINNEBAGO TRL

City-State-Zip: CINCINNATI OH 45241

City-State-Zip: JOLIET IL 60431

Title SECRETARY

Name CHATTERJEE, AMIT

Electronic Signature of Signing Officer/Director Detail

Address 13565 NE 54PL

City-State-Zip: BELLEVUE WA 98005

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: KATHARINE WIEBE TREASURER 03/30/2024