

2022 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

Officer/Director Detail :

Title PD
Name KODOLIKAR, SURESH
Address 311 FOX HILL COURT
City-State-Zip: GLEN MILLS PA 19342

Title VD
Name GIRI, SWAMI A
Address 24757 SW 167TH AVENUE
City-State-Zip: HOMESTEAD FL 33031-1364

Title DIRECTOR
Name LOPATEGUI, JOHN T
Address RUS MARCOS LOPES 105, APT 113
VILA NOVA CONCEICAO
City-State-Zip: SAO PAULO SP 04513-080

Title TD
Name WIEBE, KATHARINE
Address 24757 SW 167 AVE
City-State-Zip: HOMESTEAD FL 33031

Title D
Name GIRI, SWAMI VAIRAGYANANDA
Address 3400 EARL DRIVE
City-State-Zip: JOLIET IL 60431

Title D
Name PANDYA, BHADRAYU
Address 9865 WINNEBAGO TRL
City-State-Zip: CINCINNATI OH 45241

Title SECRETARY
Name CHATTERJEE, AMIT
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****04/12/2022**

Electronic Signature of Signing Officer/Director Detail

Date