

2025 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****05/12/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date