

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90161 029 ****61.25

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DOCUMENT # N95000004594

1. Entity Name

FOUNDATION FOR WORLD AWAKENING N.A., INC.



Principal Place of Business

**8743 HUNTFIELD STREET
TAMPA FL 33635**

Mailing Address

**8743 HUNTFIELD STREET
TAMPA FL 33635**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3336774**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAJU, R G
8901 NORTH DALE MABRY HIGHWAY
SUITE #38
TAMPA FL 33614**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KUMAR, SUBRAMANIAN M	
STREET ADDRESS	8743 HUNTFIELD STREET	
CITY-ST-ZIP	TAMPA FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASUKHELA, BHASKAR R	
STREET ADDRESS	366 WILLOW BROOKE DR	
CITY-ST-ZIP	N BRUNSWICK NJ 08902	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOSODEEN, PRAIMATEE	
STREET ADDRESS	104-16, 32 AVENUE	
CITY-ST-ZIP	EAST ELMHURST NY 15146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE (SUBRAMANIAN M KUMAR) 09/02/2003 (e13) 855-1633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division

CR2E037 (4/03)