

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N00000007665	
1. Entity Name SRI AYYAPPA SOCIETY OF TAMPA, INC.	
Principal Place of Business 12151 JEFFREY LANE DADE CITY, FL 33525	Mailing Address 12151 JEFFREY LANE DADE CITY, FL 33525



02222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3682469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**RADHAKRISHNAN, CHITTUR V DR.
12151 JEFFREY LANE
DADE CITY, FL 33525**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PILLAI, AYYAPPAN 15207 NORFLEET LANE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RADHAKRISHNAN, 12151 JEFFREY LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAIR, RAVI 17240 EQUESTRIAN TRAIL ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PILLAI, PADMA 12702 N. 53RD ST. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIJAYAN, VINOD 1500 SUNSET RD. C-9 TARPOON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWAMINATHAN, RAM 19101 WIND DANCER STREET LUTZ, FL 33549

**DO NOT WRITE
IN THIS SPACE**

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03/13/08-80039-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Chittur V. Radhakrishnan
CHITTUR V. RADHAKRISHNAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/29/2008

Daytime Phone #

352-332-4907