

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

97 NOV 12 PM 3: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N34929 (2)
1. Corporation Name
THE HINDU SOCIETY OF NORTHEAST FLORIDA, INC.

Principal Place of Business P.O. BOX 57262 JACKSONVILLE FL 32241	Mailing Address P.O. BOX 57262 JACKSONVILLE FL 32241-7262
--	---



DECLARATION 97

2. Date Incorporated or Qualified 10/26/1989	3a. Date of Last Report 06/07/1996
--	--

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number NOT APPLICABLE	Applied for <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RAMAMURTHI, V. S
3856 SAN CLERC RD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name	M. J. FADIA
82 Street Address (P.O. Box Number is Not Acceptable)	
83	2744 CLAIRE LANE
84 City	JACKSONVILLE
85 State	FL
Zip Code	32223

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *M. J. Fadia* (**M. J. FADIA**) **DIRECTOR/TREASURER** **11/8/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAMAMURTHI, V S	
STREET ADDRESS	3856 SAN CLERC RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AGARWAL, SUDHIR	
STREET ADDRESS	2545 SPREADING OAKS LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BALWANT, PATEL	
STREET ADDRESS	10059 BISHOP LAKE WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PRABHU, SUDHIR	
1.3 STREET ADDRESS	2817 FOREST CIR.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32267	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PATHAK, ANIL	
2.3 STREET ADDRESS	8405 PAPELON WAY	
2.4 CITY-ST-ZIP	Jacksonville, FL 32217	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FADIA, M J	
3.3 STREET ADDRESS	2744 CLAIRE LN.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32223	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

500002347405--4
-11/14/97--01055--006
******236.25 ****236.25**

MJ 11/8

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *M. J. Fadia* (**M. J. FADIA**) **11/8/97**

CR2E037 (9/96)