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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000003069 (2)

1. Corporation Name

JAIN SOCIETY OF CENTRAL FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report 03/10/1994
4. FEI Number 59-3197501	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
1689 GRANGE CIR LONGWOOD FL 32750		% RAJENDRA MEHTA 1689 GRANGE CIR LONGWOOD FL 32750 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	25
Zip	Country	29	30

9. Name and Address of Current Registered Agent

**PRABODH C. PATEL, P.A.
815 ORIENTA AVE
SUITE 6
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPC	NAME DELIWALA, BHUPENDRA H	1.1 TITLE D/Tw.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 563 W PALM VALLEY DR	CITY- ST- ZIP OVIEDO FL	1.2 NAME DELIWALA, BHUPENDRA H.	
		1.3 STREET ADDRESS 563 W PALM VALLEY DR,	
		1.4 CITY- ST- ZIP OVIEDO, FL 32765-9218	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	NAME DAWAWALA, USHA	2.1 TITLE D/Tw.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2974 HARBOUR LANDING WAY	CITY- ST- ZIP CASSELBERRY FL	2.2 NAME DAWAWALA USHA.	
		2.3 STREET ADDRESS 2974 HARBOUR LANDING WAY,	
		2.4 CITY- ST- ZIP CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	NAME BHAVSAR, INDRAVADAN	3.1 TITLE D/P/C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6167 HARBOUR TOWN CT	CITY- ST- ZIP ORLANDO FL	3.2 NAME TOLIA, KISHORE	
		3.3 STREET ADDRESS 721 BEAR CREEK CIRCLE,	
		3.4 CITY- ST- ZIP WINTER SPRINGS, FL 32709.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	NAME SHAH, BHUPENDRA	4.1 TITLE D/Tw.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8650 SANDBERRY BLVD	CITY- ST- ZIP ORLANDO FL	4.2 NAME SHAH, BHUPENDRA	
		4.3 STREET ADDRESS 8650 SANDBERRY BLVD,	
		4.4 CITY- ST- ZIP ORLANDO, FL 32819.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	NAME SHAH, DHARMISTA	5.1 TITLE D/S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 582 RIDGELINE RUN	CITY- ST- ZIP LONGWOOD FL	5.2 NAME SHAH, DHARMISTA	
		5.3 STREET ADDRESS 582 RIDGELINE RUN,	
		5.4 CITY- ST- ZIP LONGWOOD, FL 32750.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	NAME SHAH, VIPIN	6.1 TITLE D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5922A CASA DEL REY CIR	CITY- ST- ZIP ORLANDO FL	6.2 NAME SHAH, KAMLESH.	
		6.3 STREET ADDRESS 3291 AMACA CIRCLE,	
		6.4 CITY- ST- ZIP ORLANDO, FL 32817.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: B. H. Deliwala 1-12-95 407-867-3201.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature) (Phone #)
B. H. DELIWALA, / DIRECTOR AS A TRUSTEE.