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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N93000003069 (2)

1. Corporation Name

JAIN SOCIETY OF CENTRAL FLORIDA, INC.



Principal Place of Business

Mailing Address

1689 GRANGE CIR
LONGWOOD FL 32750

% RAJENDRA MEHTA
1689 GRANGE CIR
LONGWOOD FL 32750-3324
US

3. Date Incorporated or Qualified
07/02/1993

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-3197501

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT DELETE
NAME DELIWALA, BHUPENDRA H
STREET ADDRESS 563 W PALM VALLEY DR
CITY-ST-ZIP OVIEDO FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS DELETE
NAME SATISH SHAH DOSHI, VIRAL
STREET ADDRESS 2074 HARBOUR LANDING WAY 9041 MONTEVELO CT
CITY-ST-ZIP LAKE MARY FL ORLANDO, FL 32818

2.1 TITLE Change Addition
2.2 NAME DOSHI, VIRAL
2.3 STREET ADDRESS 9041 MONTEVELLO CT,
2.4 CITY-ST-ZIP ORLANDO, FL 32818

TITLE DPC DELETE
NAME SHAH SAILESH KOTADIA, JITENDRA
STREET ADDRESS 1441 TROTWOOD BLVD PO BOX 690246
CITY-ST-ZIP WINTER SPRINGS FL ORLANDO, FL 32819

3.1 TITLE Change Addition
3.2 NAME KOTADIA, JITENDRA
3.3 STREET ADDRESS PO BOX 690246
3.4 CITY-ST-ZIP ORLANDO FL 32819

TITLE DT DELETE
NAME SHAH, BHUPENDRA SHAH, CHUNDRAKANT
STREET ADDRESS 8650 SANDBERRY BLVD 660 CAYUGA CT,
CITY-ST-ZIP ORLANDO FL WINTER SPRINGS, FL 32708

4.1 TITLE Change Addition
4.2 NAME SHAH, CHUNDRAKANT
4.3 STREET ADDRESS 660 CAYUGA CT,
4.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE DT DELETE
NAME SHAH, DHARMISTA
STREET ADDRESS 582 RIDGELINE RUN
CITY-ST-ZIP LONGWOOD FL 32750

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DT DELETE
NAME MEHTA, KUMUD SHAH, BHARATI,
STREET ADDRESS 1689 GRANGE CIRCLE
CITY-ST-ZIP LONGWOOD FL

6.1 TITLE Change Addition
6.2 NAME SHAH, BHARATI
6.3 STREET ADDRESS 1010 REFLECTION APT. # 109,
6.4 CITY-ST-ZIP CASSELBERRY FL 32707

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:

B. H. *Rehinda* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97

Date

407-861-3099

Heading Phone # 444-1111

CR2E037 (9/96)