

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90034 015 ****61.25

DOCUMENT # N93000003069			
1. Entity Name JAIN SOCIETY OF CENTRAL FLORIDA, INC.			
Principal Place of Business C/O RAJENDRA MEHTA 1689 GRANGE CIRCLE LONGWOOD, FL 32750-3324 US		Mailing Address C/O RAJENDRA MEHTA 1689 GRANGE CIRCLE LONGWOOD, FL 32750-3324 US	
2. Principal Place of Business		3. Mailing Address 407 W Citrus St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Altamonte Spgs FL	
Zip	Country	Zip 32714	Country Searhole
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PRABODH C. PATEL, P.A. 815 ORIENTA AVE SUITE 6 ALTAMONTE SPRINGS, FL 32701		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P SHAH, SHASHIKANT P 724 SILVERWOOD DRIVE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARDHAN, RENU T 145 RANGELINE WOODS COVE LONGWOOD, FL 32750 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer DAWAWALA USHA S 2974 HARBOUR LANDING WAY CASSELBERRY FL 32707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHETH, KETU S 148 TRADEWINDS CIRCLE S DAYTONA, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KAMANI, BAKUL DT 7308 WEATHERFIELD DR ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAILESH, SHAH DT 1104 TROTWOOD BLVD WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHAH DIPAK 582 Ridgeline Run Longwood FL 32750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SHAH, ASHOK DT 4758 COMBAHEE LANE ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Usha Dawawala USHA DAWAWALA</u>		Date: <u>3/27/05</u>	Daytime Phone #: <u>407-323-3509</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>