

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N93000003069

Entity Name: JAIN SOCIETY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

C/O RAJENDRA MEHTA
1689 GRANGE CIRCLE
LONGWOOD, FL 327503324 US

New Principal Place of Business:

C/O MANISH VORA
407 W CITRUS ST
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

407 W CITRUS ST
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

C/O MANISH VORA
407 W CITRUS ST
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3197501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHASHIKANT SHAH
724 SILVERWOOD DRIVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAH, SHASHIKANT P
Address: 724 SILVERWOOD DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: MANISH, VORA
Address: 407 W CITRUS ST
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S () Delete
Name: SHETH, INDIRABEN
Address: 148 TRADEWINDS CIR.
City-St-Zip: S. DAYTONA, FL 32819

Title: DT () Delete
Name: MEHTA, JITENDRA DR
Address: 2127 EDGEWATER DR, SE
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT () Delete
Name: SHAH, PRAVINABEN
Address: 441 MALLARD LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: DT () Delete
Name: MEHTA, RAJENDRA
Address: 1689 GRANGE CIR
City-St-Zip: LANGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KOTADIA, SUNITA
Address: P O BOX 690246
City-St-Zip: ORLANDO, FL 32869

Title: DT (X) Change () Addition
Name: VARDHAN, DINESH
Address: 145 RANGELINE WOODS COVE
City-St-Zip: LONGWOOD, FL 32750

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANISH VORA

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date