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# FILED
# May 28 1998 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 | Mailing Address |
|---|---|
| P.O. BOX 57262<br>JACKSONVILLE FL 32241 | P.O. BOX 57262<br>JACKSONVILLE FL 32241 |

3. Date Incorporated or Qualified: 10/26/1989

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) Country (25) / Zip (29) Country (30)

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

FADIA, M. J
2744 CLAIRE LANE
JACKSONVILLE FL 32223

**10. Name and Address of New Registered Agent**

81 Name: N. B. RAO

82 Street Address (P.O. Box Number is Not Acceptable): 12728 Cormorant Cove Lane

83

84 City: Jacksonville **FL** 85 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: N. B. Rao TREASURER May/26/1998
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 | DP | ☒ DELETE | 1.1 TITLE | President | ☐ Change ☒ Addition |
| NAME | PRABHU, SUDHIR | | 1.2 NAME | S. K. Kuthiala | |
| STREET ADDRESS | 2817 FOREST CIR | | 1.3 STREET ADDRESS | 2961 Bernice Drive | |
| CITY-ST-ZIP | JACKSONVILLE FL 32267 | | 1.4 CITY-ST-ZIP | Jacksonville, Fl. 32257 | |
| TITLE | DS | ☒ DELETE | 2.1 TITLE | Secretary | ☐ Change ☒ Addition |
| NAME | PATHAK, ANIL | | 2.2 NAME | R. Raja | |
| STREET ADDRESS | 8405 PAPELON WAY | | 2.3 STREET ADDRESS | 7595 Baymeadow Circle W. #1716 | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | | 2.4 CITY-ST-ZIP | Jacksonville,Fl. 32256 | |
| TITLE | DT | ☒ DELETE | 3.1 TITLE | Treasurer | ☐ Change ☒ Addition |
| NAME | FADIA, M J | | 3.2 NAME | N. B. Rao | |
| STREET ADDRESS | 2744 CLAIRE LN | | 3.3 STREET ADDRESS | 12728 Cormorant Cove Lane | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | | 3.4 CITY-ST-ZIP | Jacksonville, Fl. 32223 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | Chairman (C) | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | Mr. Prakash Parikh | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 298 Glen Eagles Drive | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | ORANGE PARK, FL. 32073 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

**14.** 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 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 receivor 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:** N. B. Rao April/26/1998 (904)-359-3473