04011999-90026-037-$61.25-$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State
04-01-1999 90026 037 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34929

1. Corporation Name
THE HINDU SOCIETY OF NORTHEAST FLORIDA, INC.

364045 - 90194 - 14

Principal Place of Business	Mailing Address
P.O. BOX 57262 JACKSONVILLE FL 32241	P.O. BOX 57262 JACKSONVILLE FL 32241

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

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

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

9. Name and Address of Current Registered Agent

N. B. RAO
12728 CORMORANT COVE LANE
JACKSONVILLE FL 32223

10. Name and Address of New Registered Agent

81 Name: ANIL PATHAK
82 Street Address (P.O. Box Number is Not Acceptable): 8405 PAPELON ~~Ave~~ Way
83: Jacksonville
84 City: Jacksonville FL 85 Zip Code: 32217

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: A. Pathak 4/12/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KUTHIALA, S. K. 2961 BERNICE DR JACKSONVILLE FL 32257	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Dr. DAYA PATEL 1180 River Rd, Orange Park FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RAJA, R. 7595 BAYMEADOW CIRCLE W #1716 JACKSONVILLE FL 32256	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Dr. champak Panchal 6050 Elmburg Court Jacksonville, FL 32277	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAO, N. B. 12728 CORMORANT COVE LANE JACKSONVILLE FL 32223	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T ANIL PATHAK 8405 Papelon Way Jacksonville, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC PARIKH, PRAKASH 298 GLEN EAGLES DR ORANGE PARK FL 32073	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TC Dr. Latha Shivshankar 9966 Vineyard Lake Road E. Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	T Dr. Sunil Nahajan 1240 Ft. Lauderdale Rd (W) Jacksonville FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED A. Pathak 3/20/99 (904) 733-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #