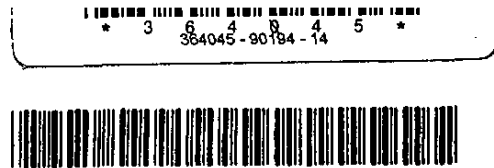


FILED
Apr 01, 1999 8:00 am
Secretary of State

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/26/1989	
21		26		4. FEI Number NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
23		28		7. Trust Fund Contribution	
Zip		Zip		Country	
24		29		30	
Country		Country		Country	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
N. B. RAO 12728 CORMORANT COVE LANE JACKSONVILLE FL 32223				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 <i>N. B. Rao</i>				DATE <i>4/12/99</i>	

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☒ DELETE	1.1 TITLE	DR. DAYA PATEL	☐ Change	☒ Addition	
NAME	KUTHIALA, S. K.		1.2 NAME	1180 River Rd, Orange Park			
STREET ADDRESS	2961 BERNICE DR		1.3 STREET ADDRESS	FL 32073			
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP				
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☐ Change	☒ Addition	
NAME	RAJA, R.		2.2 NAME	Dr. Champak Panchal			
STREET ADDRESS	7595 BAYMEADOW CIRCLE W #1716		2.3 STREET ADDRESS	6050 Elmburg Court			
CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-ST-ZIP	Jacksonville, FL 32277			
TITLE	T	☒ DELETE	3.1 TITLE	ANIL PATHAK	☐ Change	☒ Addition	
NAME	RAO, N. B.		3.2 NAME	8405 Papelon Way			
STREET ADDRESS	12728 CORMORANT COVE LANE		3.3 STREET ADDRESS	Jacksonville, FL 322017			
CITY-ST-ZIP	JACKSONVILLE FL 32223		3.4 CITY-ST-ZIP				
TITLE	TC	☒ DELETE	4.1 TITLE	Dr. Latha Shirshankar	☐ Change	☒ Addition	
NAME	PARIKH, PRAKASH		4.2 NAME	9966 Vineyard Lake Road E.			
STREET ADDRESS	298 GLEN EAGLES DR		4.3 STREET ADDRESS	Jacksonville, FL 32256			
CITY-ST-ZIP	ORANGE PARK FL 32073		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change	☒ Addition	
NAME			5.2 NAME	Dr. Sunel Nahajan			
STREET ADDRESS			5.3 STREET ADDRESS	1240 Ft. Louisa Rd (W)			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jacksonville FL 32207			
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				

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 *N. B. Rao*

3/20/99

(904) 733-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)