

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Aug 13, 2004 8:00 am
Secretary of State

08-13-2004 90072 024 ****61.25

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07122004 Chg-NP CR2E037 (10/03)

DOCUMENT # N34929 1. Entity Name THE HINDU SOCIETY OF NORTHEAST FLORIDA, INC.					
Principal Place of Business 714 PARK AVE ORANGE PARK, FL 32073			Mailing Address P.O. BOX 57262 JACKSONVILLE, FL 32241		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address- 714 Park Avenue Suite, Apt. #, etc.			
City & State		City & State ORANGE PARK, FL.		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32073		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KOTA, MURTHY 7903 TIMBERLIN PARC BLVD JACKSONVILLE, FL 32217			7. Name and Address of New Registered Agent Name Ramesh Vashi Street Address (P.O. Box Number is Not Acceptable) 10520 Creston Glen Circle East City Jacksonville FL Zip Code 32256		
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: <i>Ramesh M. Vashi</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: <i>8/11/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 8, 2004		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	T PRABHU, SUDHIR DR 2817 FOREST CIRCLE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Niranjan B. Rao 12728 Cormorant Cove Lane Jacksonville, FL. 32223 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURTHY, KOTA 7903 TIMBERLIN PARK BLVD JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ramesh Vashi 10520 Creston Glen Circle East Jacksonville, FL. 32256 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANGOLO, HEMANY 7869 TURNSTONE CIR W JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ashok Bazaz 10535 Broomridge Court Jacksonville, FL. 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COSWAMI, DEV 4375 CONFEDAY POINT RD #941 JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hardev Goswami 2418 Old Pine Trail Orange Park, FL. 32003 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAO, NIRANJAN 12728 CORMORANT COVE LN JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anil Pathak (T) 8405 Papelon Way Jacksonville, FL. 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Ramesh M. Vashi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <i>8/11/04</i> <i>904-519-7907</i> <small>Date Daytime Phone #</small>		