2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34929

FILED Feb 12, 2008 Secretary of State

Entity Name: THE HINDU SOCIETY OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 4968 GREENLAND RD JACKSONVILLE, FL 32258 **Current Mailing Address: New Mailing Address:** 4968 GREENLAND RD JACKSONVILLE, FL 32258 FEI Number: 59-3038519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EARANKY, VIJAY K T 12037 LIBÉRTY LAKE DR W JACKSONVILLE, FL 32258 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: COB () Delete (X) Change () Addition PATEL, DAYA Name: VASHI, RAMESH Name: 1180 RIVER RD Address: 10520 CRESTON GLEN CIRCLE, E. Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32256 Title: Title: (X) Change () Addition () Delete Name: SANKA, RAVI Name: BAZAZ, ASHOK Address: 7849 BLACKSTONE RIVER DR Address: 10535, BROOMREDGE COURT City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32246 Title: () Delete Title: (X) Change () Addition PERUMAL, MANI KARHADE, VISHWAS Name: Name: 5870-G CAPO ISLAND RD Address: Address: 8405 HIGHGATE DR City-St-Zip: ST. AUGUSTINE, FL 32095 City-St-Zip: JACKSONVILLE, FL 32216 Title: () Delete Title: () Change () Addition EARANKY, VIJAY K Name: Name: 12037 LIBERTY LAKE DR W Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: Title: () Delete Title: () Change () Addition PATEL, BALWANT Name: Name: 10059 BISHOP LAKW WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32256 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: VIJAY EARANKY TREA 02/12/2008