

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003069

**Entity Name:** JAIN SOCIETY OF CENTRAL FLORIDA, INC.

**FILED**  
**Apr 23, 2015**  
**Secretary of State**  
**CC8618150354**

**Current Principal Place of Business:**

C/O KETU SHETH  
407 W CITRUS ST  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

C/O KETU SHETH  
407 W CITRUS ST  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 59-3197501**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SHETH, KETU  
407 W. CITRUS STREET  
ALTAMONTE SPRINGS, FL 32714 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:** KETU SHETH

04/23/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHETH, KETU  
Address        148 TRADEWINDS CIRCLE  
City-State-Zip: SOUTH DAYTONA FL 32119

Title            SECRETARY  
Name            SHAH, SANJAY  
Address        1824 WILLIAMSBURG DRIVE  
City-State-Zip: BARTOW FL 33830

Title            TR  
Name            MEHTA, RAHUL  
Address        1949 MITCHELLBROOK LN  
City-State-Zip: CASSELBERRY FL 32707

Title            TR  
Name            VORA, ANJU  
Address        2330 VIRGINIA DRIVE  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            TR  
Name            MEHTA, KUMUDBEN  
Address        1689 GRANGE CIR  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            VARDHAN, DINESH  
Address        145 RANGELINE WOODS CV  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER  
Name            VIRAL, SHAH  
Address        390 MEDALLION PLACE  
City-State-Zip: OVIEDO FL 32766

*I hereby 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 all other like empowered.*

**SIGNATURE:** KETU SHETH

**PRESIDENT**

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date