

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003069

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

**Current Principal Place of Business:**

INDRAVADAN P SHAH  
407 W CITRUS ST  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

INDRAVADAN P SHAH  
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:**

SHAH, PRANAV  
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:** PRANAV SHAH

02/22/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHAH, INDRAVADAN P  
Address        820 JOHN ANDERSON DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title            SECRETARY  
Name            SHAH, PARAS  
Address        464 SUN LAKE CIR.  
                  APT # 200  
City-State-Zip: LAKE MARY FL 32746

Title            CHAIRMAN  
Name            SHAH, BHUPENDRA  
Address        1914 REED HILL DR.  
City-State-Zip: WINDERMERE FL 34786

Title            TRUSTEE  
Name            SHAH, SAILESH H  
Address        140 ELLINGTON PLACE  
City-State-Zip: OVIEDO FL 32765

Title            TRUSTEE  
Name            VORA, AMISHI  
Address        2307 GREENLEAF DR  
City-State-Zip: ORLANDO FL 32810

Title            VP  
Name            SHETH, KETU M  
Address        148 TRADEWINDS CIR.  
City-State-Zip: SOUTH DAYTONA FL 32119

Title            TREASURER  
Name            SHAH, PRANAV  
Address        1339 REDBOURNE LANE  
City-State-Zip: ORMOMD BEACH FL 32174

*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:** PRANAV SHAH

TREASURE

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date