

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N98000004805

Entity Name: SRIGANDHA KANNADA KOOTA OF FLORIDA, INC.

Current Principal Place of Business:

12134 COBBLESTONE DR.
HUDSON, FL 34667

Current Mailing Address:

5131 WESTSHORE DR
NEW PORT RICHEY, FL 34652

FEI Number: 59-3527606

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMAPPA, RENUKA
12134, COBBLESTONE DR.
HUDSON, FL 34667 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

Officer/Director Detail :

Title PRES
Name KORA, NITHYANANDASWAMY
Address 12134 COBBLESTONE DR.
City-State-Zip: HUDSON FL 34667

Title VP
Name PRAKASH, VIJAYA
Address 12134 COBBLESTONE DR.
City-State-Zip: HUDSON FL 34667

Title SECRETARY
Name KULKARNI, VENU
Address 12134, COBBLESTONE DR.
City-State-Zip: HUDSON FL 34667

Title JT
Name GANGA, GANGADHAR
Address 12134 COBBLESTONE DR.
City-State-Zip: HUDSON FL 34667

Title T
Name SUNDARESH, K. V
Address 5131, WESTSHORE DR
City-State-Zip: NEW PORT RICHEY FL 34652

Title ASST. SECRETARY
Name SETTY, UMA
Address 12134, COBBLESTONE DR.
City-State-Zip: HUDSON FL 34667

Title BOARD OF TRUSTEE
Name BEDARAHALLY, PADMANABHA
Address 12134 COBBLESTONE DR.
City-State-Zip: HUDSON FL 34667

Title BOARD OF TRUSTEE
Name RAMAPPA, RENUKA
Address 12134 COBBLESTONE DR.
City-State-Zip: HUDSON FL 34667

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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: RENUKA RAMAPPA

TRUSTEE

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title NAVIKA 2017 CONVENOR
Name MELKOTE, RAMESH
Address 335 MARTEL LN
City-State-Zip: COPPELL TX 75019