FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763000

(7)

BENGALI SOCIETY OF FLORIDA, INC.

Principal Place of Business Mailing Address						DIS BIDDIC DIBSE DIDIL DIDIC DIDIC DIBIC DIBIC
1216 LA BRAD LANE TAMPA FL 33613 US		1216 LA BRAD LANE TAMPA FL 33613-2021 US				
		•			3. Date incorporated or Qualified 04/27/1982	3a. Date of Last Report 04/30/1996
· ·	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2345688	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	<u> </u>		Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	30 Cour	try	This corporation has liability for li Florida Statutes	ntangible tax under s. 199.032, Yes D No
24	9. Name and Address of Curre		130		10. Name and Address of New Reg	
81 Name						
MUKHERJEA, ARUNAVA				Street Add	ress (P.O. Box Number is Not Acceptab	e)
1216 LA BRAD LANE						
TAMPA FL 33613				83		
			Į.	B4 City	. ,	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Junay Munkeyes 414/97						
12.	Signature, typed or printed name of registered ad	ent and title if applicable. NO DIRECTORS	TE: Registered	Agent eignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE PERS AND DIRECTORS IN 12
TITLE	P OFFICENS AN	DELETE	1.1 101	E I	ADDITIONS/GIVANGES TO OFFICE	Change Addition
NAME	MUKHERJEA, ARUNAVA		1.2 NA	į.		
STREET ADDRESS	1218 LA BRADE LANE		1.3 STF	EET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CIT	Y-ST-ZIP		
TITLE	V	DELETE	2.1 TIT	.E		Change Addition
NAME	SARKAR, SUDEEP		2.2 NA	AE .		
STREET ADDRESS	13201 NATIONAL DRIVE, AP	Γ#C	2.3 \$TF	EET ADDRESS		
CITY - ST - ZIP	TAMPA FL	DELETE		Y-ST-ZIP		
TITLE	DATI TOICUNA	L. UELETE	3.1 TiT			Change Addition
NAME STREET ADDRESS	Pati, trishna 14742 Burntwood Circle	:	3.2 NA	ME LEET ADDRESS		`
CITY-ST-ZIP	ORLANDO FL 32826	•	1	Y-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TIT			Change Addition
NAME	GANGULY, ARUNABHA		4. 2 NA	ME		
STREET ADDRESS	7871 NIAGARA AVENUE		4.3 STF	EET ADDRESS		
CHTY-ST-ZIP	TEMPLE TERRACE FL		4.4 CIT	Y-ST-ZIP		
TITLE	D	DELETE	5.1 TIT			Change Addition
NAME	MUKHERJEE, ANJU		5.2 NA	1		
STREET ADDRESS	7940 NASHUA LANE			IEET ADDRESS		
CITY - S1 - ZIP	ORLANDO FL	☐ DELETE		Y-ST-ZIP	·	Change Addition
TITLE	D DAG BENU	T DELEIF	6.1 T/T			TT cuantile TT Vigoritor
NAME	DAS, RENU		62 NA	l l		
STREET ADDRESS	1920 DAS COURT KISSIMMEE FL			REET ADDRESS		
CITY-ST-ZIP	MOORMMEC I'L		■ 0.4 UH	Y-ST-ZIP		

14. I do 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 annual report or supplemental annual 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