

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000004131

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** BOCHASANWASI SHREE AKSHAR PURUSHOTTAM SWAMINARAYAN SANSTHA-SOUTHEAST, INC.

**Current Principal Place of Business:**

460 ROCKBRIDGE RD NW  
LILBURN, GA 30047

**New Principal Place of Business:**

**Current Mailing Address:**

81 SUTTONS LANE  
PISCATAWAY, NJ 08854

**New Mailing Address:**

460 ROCKBRIDGE RD NW  
LILBURN, GA 30047

**FEI Number:** 11-3428574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, NIBODH  
541 SOUTH EAST 18TH AVENUE  
BOYNTON BEACH, FL 33435 US

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

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:**

Title: PD  
Name: PATEL, SHANKER  
Address: 109 GEERS DRIVE  
City-St-Zip: LEBANON, TN 37087

Title: VD  
Name: PATEL, ASHOK  
Address: 5133 AURELIA DRIVE  
City-St-Zip: SEWANEE, GA 30024

Title: STD  
Name: PATEL, JITENDRA  
Address: 7300 S W 10TH STREET  
City-St-Zip: PLANTATION, FL 33317

Title: D  
Name: PATEL, K C DR  
Address: 110 STONE RIDGE DRIVE  
City-St-Zip: SALISBURY, NC 28146

Title: D  
Name: PATEL, KANU  
Address: 84 OVERBROOK AVE  
City-St-Zip: EDISON, NJ 08817

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: JITENDRA PATEL

STD

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date