2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004
Secretary of State

DOCUMENT# N00000007665

Entity Name: SRI AYYAPPA SOCIETY OF TAMPA, INC.

Current Principal Place of Business:

12151 JEFFREY LANE
DADE CITY, FL 33525

New Principal Place of Business:

12151 JEFFREY LANE
DADE CITY, FL 33525-592 PA

Current Mailing Address:

12151 JEFFREY LANE
DADE CITY, FL 33525

New Mailing Address:

12151 JEFFREY LANE
DADE CITY, FL 33525-592 PA

FEI Number: 59-3682469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADHAKAISHNAN, DR.
12151 JEFFREY LANE
DADE CITY, FL 33525

Name and Address of New Registered Agent:

RADHAKRISHNAN, CHITTUR V DR.
12151 JEFFREY LANE
DADE CITY, FL 33525-592 PA

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: CHITTUR V.RADHAKRISHNAN 03/05/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: PILLAI, AYYAPPAN
Address: 15207 NORFLEET LANE
City-St-Zip: TAMPA, FL 33647

Title: P ( ) Delete
Name: RADHAKRISHNAN,
Address: 12151 JEFFREY LANE
City-St-Zip: DADE CITY, FL 33525

Title: S ( ) Delete
Name: NAIR, RAVI
Address: 17240 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

Title: T ( ) Delete
Name: PILLAI, PADMA
Address: 12702 N. 53RD ST.
City-St-Zip: TAMPA, FL 33617

Title: T ( ) Delete
Name: VIJAYAN, VINOD
Address: 1500 SUNSET RD. C-9
City-St-Zip: TARPON SPRINGS, FL 34689

Title: V ( ) Delete
Name: SWAMINATHAN, RAM
Address: 19101 WIND DANCER STREET
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RADHAKRISHNAN PRES 03/05/2004
Electronic Signature of Signing Officer or Director Date