2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAR 12 AM 7:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N00000007665

1. Entity Name
SRI AYYAPPA SOCIETY OF TAMPA, INC.

Principal Place of Business	Mailing Address
12151 JEFFREY LANE DADE CITY, FL 33525	12151 JEFFREY LANE DADE CITY, FL 33525

03102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3682469
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000030507639
MAR 16 '04--01037--002 **61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	PILLAI, AYYAPPAN
STREET ADDRESS	15207 NORFLEET LANE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	P
NAME	RADHAKRISHNAN,
STREET ADDRESS	12151 JEFFREY LANE
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	S
NAME	NAIR, RAVI
STREET ADDRESS	17240 EQUESTRIAN TRAIL
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	T
NAME	PILLAI, PADMA
STREET ADDRESS	12702 N. 53RD ST.
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	T
NAME	VIJAYAN, VINOD
STREET ADDRESS	1500 SUNSET RD. C-9
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	V
NAME	SWAMINATHAN, RAM
STREET ADDRESS	19101 WIND DANCER STREET
CITY-ST-ZIP	LUTZ, FL 33549

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12. I 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 report or supplemental 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 appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3-10-2004 352-332-4907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DR. RADHAKRISHNAN