


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

05-13-2005 90221 018 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N00000007665</b>  |  |  |   |                                 |  |
| 1. Entity Name<br><b>SRI AYYAPPA SOCIETY OF TAMPA, INC.</b>   |  |  |   |  |  |
| Principal Place of Business<br><b>12151 JEFFREY LANE<br/>DADE CITY, FL 33525 PA</b>   |  |  | Mailing Address<br><b>12151 JEFFREY LANE<br/>DADE CITY, FL 33525 PA</b> |  |  |
| 2. Principal Place of Business  |  |  | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.   |  |  | Suite, Apt. #, etc.   |  |  |
| City & State  |  |  | City & State  |  |  |
| Zip   | Country  | Zip  | Country   | 4. FEI Number<br><b>59-3682469</b>   |  |
|   |  |  |   | Applied For<br>Not Applicable  |  |
|   |  |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                  |  |
| 6. Name and Address of Current Registered Agent   |  |  |   | 7. Name and Address of New Registered Agent  |  |
| <b>RADHAKRISHNAN, CHITTUR V. DR.</b><br><b>12151 JEFFREY LANE</b><br><b>DADE CITY, FL 33525</b>   |  |  |   | Name   |  |
|   |  |  |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |  |   | City   |  |
|   |  |  |   | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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: <u><i>Chittur V. Radhakrishnan</i></u> <b>CHITTUR V. RADHAKRISHNAN</b> <u>04-08-2005</u><br><small>Signature, typed or printed name of registered agent and agent's address. (NOTE: Registered Agent signature required when reappointing) DATE</small>  |  |  |   |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
|   |  | Make check payable to<br><b>Florida Department of State</b>                      |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  |   |  |  |
| TITLE   | NAME   |  |   |  |  |
| NAME  | STREET ADDRESS   |  |   |  |  |
| CITY - ST - ZIP   | CITY - ST - ZIP  |  |   |  |  |
| T   | PILLAI, AYYAPPAN   |  |   |  |  |
|   | <input type="checkbox"/> Delete  |  |   |  |  |
| P   | RADHAKRISHNAN, CHITTUR V. DR.  |  |   |  |  |
|   | <input type="checkbox"/> Delete  |  |   |  |  |
| S   | NAIR, RAVI   |  |   |  |  |
|   | <input type="checkbox"/> Delete  |  |   |  |  |
| T   | PILLAI, PADMA  |  |   |  |  |
|   | <input type="checkbox"/> Delete  |  |   |  |  |
| T   | VIJAYAN, VINOD   |  |   |  |  |
|   | <input type="checkbox"/> Delete  |  |   |  |  |
| V   | SWAMINATHAN, RAM   |  |   |  |  |
|   | <input type="checkbox"/> Delete  |  |   |  |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |   |  |  |
| TITLE   | NAME   |  |   |  |  |
| NAME  | STREET ADDRESS   |  |   |  |  |
| CITY - ST - ZIP   | CITY - ST - ZIP  |  |   |  |  |
| TREASURER   | PADMANABHAN, GOKUL   |  |   |  |  |
|   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |   |  |  |
|   | 19128 CHEMILLE Drive   |  |   |  |  |
|   | Lutz FL 33558  |  |   |  |  |
| 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: <u><i>Chittur V. Radhakrishnan</i></u> <b>CHITTUR V. RADHAKRISHNAN</b> <u>04-08-2005</u> <u>352-567-1544</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>   |  |  |   |  |  |

05/16/04 01057 052 6125



03212005 Chg-NP CR2E037 (10/03)

352-332-4907

ATTACHMENT  
50052133

Division of Corporation  
Tallahassee, fl

Sub: SASTA DOUMENT # N00000007665

Ref: your Letter dated April 17<sup>th</sup>.

Dear Folks,

We have paid twice in 2004. Once by check and again by Credit card. The details of which I had sent to you and you have acknowledged the same. .you have confirmed that you got the check on 5/16/04.

My request was to credit us the over payment and adjust the credit to wards this year,s 2005 payment. Now you want another 61.25 dollars. I do not understand this. Please check again your records.

Any way rather than waiting for your reply I am enclosing a check for \$61.25.

Thanking you

Yours truly

  
Chittur Radhakrishnan

5/11/05

we appreciate your help!

Thanks