

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000007665

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



Principal Place of Business

**12151 JEFFREY LANE
DADE CITY, FL 33525**

Mailing Address

**12151 JEFFREY LANE
DADE CITY, FL 33525**



02162006 No Chg-NP

CRZE037 (11/05)

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

**RADHAKRISHNAN, CHITTUR V DR.
12151 JEFFREY LANE
DADE CITY, FL 33525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

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 | TARPOON SPRINGS, FL 34689 |
| TITLE | V |
| NAME | SWAMINATHAN, RAM |
| STREET ADDRESS | 19101 WIND DANCER STREET |
| CITY-ST-ZIP | LUTZ, FL 33549 |

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03/04/06-80041-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Chittur V. Radhakrishnan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

352-332-490

Daytime Phone #