FILE NOW: FILING FEE IS \$61.25

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State Jun 03, 1998 08:00 AM DIVISION OF CORPORATIONS 1998 **Secretary of State** (6) DOCUMENT # HINDU TEMPLE OF FLORIDA, INC. Principal Place of Business Mailing Address 5509 LYNN ROAD 5509 LYNN ROAD 3. Date Incorporated or Qualified TAMPA FL 33624 TAMPA FL 33624 11/28/1983 4. FEI Number Applied For 59-2411940 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Regulred Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution П Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Yes No 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes ∏ No. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAMAPPA G M
Street Address (P.O. Box Number is Not Acceptable) RAMANNA, G M 82 12136 COBBLESTONE DRIVE **BAYONET POINT FL 34867** 83 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am terminar with, and accept the obligations of, Section 617.0503 Florida Statutes. **SIGNATURE** he of registered agent and title II applicable egistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition RADHAKRISHNAN, C V NAME 1.2 NAME 12151 JEFFREY LANE STREET ADDRESS 1.3 STREET ADDRESS DADE CITY FL 33525 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VD DELETE 21 TITLE ☐ Change Addition RAMAPPA, G M NAME 2.2 NAME 12136 COBBLESTONE DR. STREET ADDRESS 2.3 STREET ADDRESS **BAYONET POINT FL 34667** CITY-ST-ZIP 2. 4 CITY-ST-7IP DELETE TITLE 3.1 TITLE ☐ Change Addition DESAI, NAINAN NAME 3.2 NAME 2908 WHITTINGTON PLACE STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33618** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change Addition KORABATHINA, S. RAO NAME 4.2 NAME 4527 U.S. HIGHWAY 19, STE. B STREET ADDRESS 4.3 STREET ADDRESS **NEW PORT RICHEY FL 34652** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE ☐ Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

64 CITY-ST-ZIP

14. Thereby 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 annual report or supplemental annual report is true and accurate anothat 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 12 or Block 13 if changed or or man attachment with an address.