


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N00022

1. Entity Name
 HINDU TEMPLE OF FLORIDA, INC.



Principal Place of Business Mailing Address

5509 LYNN ROAD 5509 LYNN ROAD
 TAMPA, FL 33624 TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE



02102006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
 59-2411940 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMAPPA, G M
 12136 COBBLESTONE DRIVE
 BAYONET POINT, FL 34667

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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 _____ (NOTE: Registered Agent signature required when re-registering) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAMAPPA, G.M. 12136 COBBLESTONE DRIVE BAYONEY POINT, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATEI, GN 13706 SUN CT TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAVINDRA, CHITRA 1223 DARLINGTON OAK CIR ST PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/22/06-80023-008 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: _____ Date: 2/18/06 (727) 96914: _____ Daytime Phone: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR