

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006070

FILED
Apr 17, 2006
Secretary of State

Entity Name: FEDERATION OF INDIAN ASSOCIATIONS OF TAMPA BAY, INC.

Current Principal Place of Business:

424 WARE BLVD
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

424 WARE BLVD
TAMPA, FL 33619

New Mailing Address:

FEI Number: 13-4208206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, CHANDRAKANT N
2341 VALRICO FOREST DR.
VALRICO, FL, FL 33594 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: FP () Delete
Name: PATEL, CHANDRAKANT N
Address: 2341 VALRICO FOREST DR.
City-St-Zip: VALRICO, FL 33594

Title: PP () Delete
Name: RATTAN, PAWAN K
Address: 4942 W MELROSE AVE N
City-St-Zip: TAMPA, FL 33629

Title: P () Delete
Name: RAMAPPA, G M MD
Address: 8460 CESSNA DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PE () Delete
Name: MOHAPATRA, SHYAM PHD
Address: 18510 COUNTRY CREST PL
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: EMANDI, V. RAO MD
Address: 13904 LAKESHORE BLVD #410
City-St-Zip: HUDSON, FL 34667

Title: S () Delete
Name: MULEY, PRADEEP MSOT
Address: 1517 WHITE HAWK TRAIL
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MOHAPATRA, SHYAM PHD
Address: 18510 COUNTRY CREST PLACE
City-St-Zip: TAMPA, FL 33647

Title: PE (X) Change () Addition
Name: EMANDI, V. RAO M.D.
Address: 13904 LAKESHORE BLVD. # 410
City-St-Zip: HUDSON, FL 34667

Title: V (X) Change () Addition
Name: BATRA, KRISHAN K MD
Address: 17303 STETSON LN
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISHAN K. BATRA

V

04/17/2006

Electronic Signature of Signing Officer or Director

Date