

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006070

FILED  
Apr 15, 2009  
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:**

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

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

04/15/2009

Date

**OFFICERS AND DIRECTORS:**

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

Title: P ( ) Delete  
Name: KRISHAN, BATRA K  
Address: 17303 STETSON LN.  
City-St-Zip: ODESSA, FL 33556

Title: PE ( ) Delete  
Name: RAMCHANDRA, REDDY K  
Address: 14717 WATERCHASE DR.  
City-St-Zip: TAMPA, FL 33626

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

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

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

Title: P (X) Change ( ) Addition  
Name: REDDY, RAMACHANDRA K  
Address: 14717 WATERCHASE BLVD  
City-St-Zip: TAMPA, FL 33626

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: RAMACHANDRA REDDY

Electronic Signature of Signing Officer or Director

P

04/15/2009

Date