

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006070

FILED  
Apr 09, 2010  
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:**

P. O. BOX 342216  
TAMPA, FL 33694

**Current Mailing Address:**

424 WARE BLVD  
TAMPA, FL 33619

**New Mailing Address:**

P. O. BOX 342216  
TAMPA, FL 33694

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 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  
Name: PATEL, CHANDRAKANT N  
Address: 2341 VALRICO FOREST DR.  
City-St-Zip: VALRICO, FL 33594

Title: PP  
Name: REDDY, RAMCHANDRA K  
Address: 14717 WATERCHASE BLVD  
City-St-Zip: TAMPA, FL 33626

Title: P  
Name: RASHMI, JAKHOTIA M.D.  
Address: 15334 WINDING CREEK DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: PP  
Name: KRISHAN, BATRA M.D.  
Address: 17303 STETSON LN.  
City-St-Zip: TAMPA, FL 33556

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

Title: S  
Name: ASHA, KHAROD MRS  
Address: 5117 BRYNM MAWR DR  
City-St-Zip: TAMPA, FL 33624

I hereby 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 all other like empowered.

SIGNATURE: RASHMI JAKHOTIA

P

04/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date