


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2007 8:00 am**  
**Secretary of State**

08-08-2007 90067 013 \*\*\*\*70.00

<b>DOCUMENT # N02000008152</b> 1. Entity Name HINDU TEMPLE OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 563 PECK AVENUE FORT MYERS, FL 33919 US			Mailing Address P O BOX 60845 FORT MYERS, FL 33906 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0536510	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NANDUR, MALLIKA 563 PECK AVENUE FORT MYERS, FL 33919				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Mallikarjun</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				8/5/07 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRISHNAN, LAKSHMI		NAME	<del>PERERA</del> SUNDARESAN, RENG	
STREET ADDRESS	10090 MAGNOLIA POINTE		STREET ADDRESS	8601 NOTTINGHAM POINTE WAY	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	V	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VYAS, MUKESH		NAME	LALLA, SUNIL	
STREET ADDRESS	406 SE 20TH CT		STREET ADDRESS	3518 STUART COURT	
CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSHAN, RATHNA		NAME		
STREET ADDRESS	11341 LONGWATER CHASE CT		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUNDARESAN, JANAVI		NAME		
STREET ADDRESS	8601 NOTTINGHAM POINTE WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAO, MUKUNDA		NAME		
STREET ADDRESS	1503 SUZI ST		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAIN, USHA		NAME		
STREET ADDRESS	5836 RIVERSIDE LN.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
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 life empowered.					
SIGNATURE: <u>Mallikarjun</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/5/07 <small>Date</small>	
<small>Daytime Phone #</small>					