

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008162

FILED
May 18, 2005
Secretary of State

Entity Name: HINDU AMERICAN FOUNDATION, INCORPORATED.

Current Principal Place of Business:

10439 LUCAYA DRIVE
TAMPA, FL 33647

New Principal Place of Business:

10108 EVERGREEN HILL DRIVE
TAMPA, FL 33647

Current Mailing Address:

P.O. BOX 48528
TAMPA, FL 33647

New Mailing Address:

FEI Number: 68-0551525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSHI, NIKHIL N
10439 LUCAYA DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

JOSHI, NIKHIL N
10108 EVERGREEN HILL DRIVE
TAMPA, FL 33647 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: _____

05/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARG, SANJAY CFO
Address: 20 MCCUSKER DR STE #10
City-St-Zip: BRAINTREE, MA 02184

Title: D () Delete
Name: MEGHANI, MIHIR CEO
Address: 37808 FRUITWOOD CT
City-St-Zip: FREMONT, CA 94536

Title: D () Delete
Name: SHUKLA, ASEEM MD
Address: 8515A GERMANTOWN AVE
City-St-Zip: PHILADELPHIA, PA 19118

Title: D () Delete
Name: JOSHI, NIKHIL N ESQ
Address: 10439 LUCAYA DRIVE
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: SHUKLA, ASEEM MD
Address: 18 BELVEDERE PLACE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Change () Addition
Name: JOSHI, NIKHIL N ESQ
Address: 10108 EVERGREEN HILL DRIVE
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NIKHIL N. JOSHI

D

05/18/2005

Electronic Signature of Signing Officer or Director

Date