

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90861 029 ****61.25

DOCUMENT # N03000008162

1. Entity Name
HINDU AMERICAN FOUNDATION, INCORPORATED.



Principal Place of Business
**10108 EVERGREEN HILL DRIVE
TAMPA, FL 33647**

Mailing Address
**P.O. BOX 48528
TAMPA, FL 33647**

60045946



2. Principal Place of Business - No P.O. Box #
5268 G Nicholson Lane

3. Mailing Address
5268 G Nicholson Lane

Suite, Apt. #, etc.
Suite 164

Suite, Apt. #, etc.
Suite 164

City & State
Kensington, Maryland

City & State
Kensington, Maryland

Zip
20895

Country
USA

Zip
20895

Country
USA

04272007 Chg-NP CR2E037 (12/06)

4. FEI Number
68-0551525

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOSHI, NIKHIL N
10108 EVERGREEN HILL DRIVE
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

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

Nikhil N Joshi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MEGHANI, MIHIR CEO
37808 FRUITWOOD CT
FREMONT, CA 94536** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SHUKLA, ASEEM MD
18 BELVEDERE PLACE
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JOSHI, NIKHIL N ESQ
10108 EVERGREEN HILL DRIVE
TAMPA, FL 33647** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT AND DIRECTOR (P/D) ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
SHUKLA, ASEEM, M.D.
830 GREAT OAKS LANE
EGAN, MINNESOTA 55123** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Nikhil N Joshi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2007 **(941) 552-1333**

Date

Daytime Phone #