2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008761

Entity Name: TAMPA BAY RATH YATRA ASSOCIATION INC.

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2812 COASTAL RANGE WAY LUTZ, FL 33559

Current Mailing Address: New Mailing Address:

P. O. BOX-6282 2812 COASTAL RANGE WAY BRANDON, FL 33508 LUTZ, FL 33559

FEI Number: 20-3354961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOHAPATRA, SHAYAM
2812 COASTAL RANGE WAY
LUTZ, FL 33559 US

MOHAPATRA, SHYAM
2812 COASTAL RANGE WAY
LUTZ, FL 33559 US

LUTZ, FL 33559 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: SHYAM MOHAPATRA 04/05/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition Name: MOHAPATRA, SHAYAM Name: MOHAPATRA, SHYAM Address: 2812 COASTAL RANGE WAY 2812 COASTAL RANGE WAY

City-St-Zip: LUTZ, FL 33559 City-St-Zip: LUTZ, FL 33559

Title: D () Delete Title: D (X) Change () Addition Name: MEHTA, CHANDRA Name: PATEL, CHANDRAKANT

 Address:
 10031 REMINGTON DR.
 Address:
 2341 VALRICO FOREST DRIVE

 City-St-Zip:
 RIVERVIEW, FL 33578
 City-St-Zip:
 VALRICO, FL 33594

Title: SD () Change (X) Addition

 Name:
 Name:
 SENAPATI, KIRON

 Address:
 Address:
 9510 NORCHESTER CIRCLE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33647

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: KIRON SENAPATI SD 04/05/2009