

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000970	
1. Entity Name GANDHI MEMORIAL SOCIETY INC.	



FILED

08 JAN -4 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 11-3766445	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BAZAZ, ASHOK K 10535 BROOMSEDGE CT JACKSONVILLE, FL 32246
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☒ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C VASHI, RAMESH 10520 CRESTON GLEN CIRCLE JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAZAZ, ASHOK K 10535 BROOMSEDGE CT JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PATEL, DAXESH 979 HYANNIS PORT DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOSHI, PRAKASH 2725 R S BAILEY DR E JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SRINIVASAN, RAJASEKAR 2019 KNOTTINGHAM TRACE LANE JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

800113823998
01/04/08--01039--003 **75.00

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] (P)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/3/2008
Date

904 470 6039
Daytime Phone #