

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002101

FILED  
Mar 19, 2008  
Secretary of State

Entity Name: INDIAN CULTURAL SOCIETY OF JACKSONVILLE, INC.

## Current Principal Place of Business:

505 KNOLLE COURT  
SAINT AUGUSTINE, FL 32092 US

## New Principal Place of Business:

1520 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082 US

## Current Mailing Address:

505 KNOLLE COURT  
SAINT AUGUSTINE, FL 32092 US

## New Mailing Address:

1520 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAUDHARI, SONAL  
10636 MULRANY GLEN CT.  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

EARANKY, UMA  
1520 SAWGRASS VILLAGE DR.  
PONTE VEDRA BEACH, FL 32082 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: J.B.KAPADIA

03/19/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHAHANI, SONIA  
Address: 505 KNOLLE COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: VP ( ) Delete  
Name: CHAUDHARI, SONAL  
Address: 10636 MULRANY GLEN CT.  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: TRES ( ) Delete  
Name: KUMAR, RAMESH DR.  
Address: 132 HIAWATHA CT. E.  
City-St-Zip: PALATKA, FL 32131 US

Title: S (X) Delete  
Name: SHAHANI, SANJAY  
Address: 505 KNOLLE COURT  
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EARANKY, UMA MRS  
Address: 12037 LIBERTY LAKE DR. W  
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP (X) Change ( ) Addition  
Name: MANESH, MODI MR  
Address: 2059 N CRANBROOK AVE.  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: TRES (X) Change ( ) Addition  
Name: KAPADIA, JIGNESH MR  
Address: 5318 WINROSE FALLS DR  
City-St-Zip: JACKSONVILLE, FL 32258 US

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

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: J.B. KAPADIA

TRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date