

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002101

FILED
Apr 19, 2011
Secretary of State

Entity Name: INDIAN CULTURAL SOCIETY OF JACKSONVILLE, INC.

Current Principal Place of Business:

7670 CROSSTREE LANE
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

6472 HUNTSCOTT PLACE
JACKSONVILLE, FL 32258 US

Current Mailing Address:

297 VILLAGE GREEN AVENUE
JACKSONVILLE, FL 32259 US

New Mailing Address:

6472 HUNTSCOTT PL
JACKSONVILLE, FL 32258 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAH, PRADIP TREASUR
297 VILLAGE GREEN AVENUE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

SHARMA, LOKESH TREASUR
6472 HUNTSCOTT PLACE
JACKSONVILLE, FL 32258 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: LOKESH SHARMA

04/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DOSHI, JITESH MR
Address: 887 W.AMERICAN EAGLE DR.
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: SEC
Name: DOSHI, PRIYA MR
Address: 887 W.AMERICAN EAGLE DR.
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: TRES
Name: SHARMA, LOKESH MR
Address: 6472 HUNTSCOTT PLACE
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: VP
Name: GANGULI, PUSHPAKAR
Address: BELLE RIVE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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 all other like empowered.

SIGNATURE: LOKESH SHARMA

TRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date