

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011437

FILED
Jan 05, 2012
Secretary of State

Entity Name: NAVAJEEVAN EYE CARE TRUST USA, INC.

Current Principal Place of Business:

4119 BAYSHORE BLVD
ST. PETERSBURG, FL 33703

New Principal Place of Business:

Current Mailing Address:

204 37TH AVENUE N.
#351
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 27-1448779 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHITTIPEDDI, KUMAR
4119 BAYSHORE BLVD
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ACHARYA, K. SRIDHAR
Address: TIRUCHANUR-TIRUPATI
City-St-Zip: AP 517503, INDIA,

Title: SD
Name: CHITTIPEDDI, KUMAR
Address: 204 37TH AVENUE N. #351
City-St-Zip: ST. PETERSBURG, FL 33704

Title: TD
Name: CHITTIPEDDI, SAILESH
Address: 13292 CORDERO
City-St-Zip: TUSTIN, CA 92782

Title: MR
Name: CLASTER, JAY
Address: 519 CRICKLEWOOD DRIVE
City-St-Zip: STATE COLLEGE, PA 16803 US

Title: MR
Name: FIORENZANO, ARTHUR
Address: 15 BLUEBERRY LANE
City-St-Zip: JAMESTOWN, RI 02835

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: KUMAR CHITTIPEDDI

SD

01/05/2012

Electronic Signature of Signing Officer or Director

Date