FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:44

DOCUMENT # N17322 (1)

1. Corporation Name
INDIA ASSOCIATION OF GREATER DAYTONA BEACH, INC.

Principal Place of Business	Mailing Address
148 N US #1 P.O. BOX 0958 ORMOND BEACH FL 32175-7958	148 N US #1 P.O. BOX 0958 ORMOND BEACH FL 32175-7958

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2738109 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PATEL, SIDDHARTH J
4 TIFFANY CIR
ORMOND BCH FL 32174

10. Name and Address of New Registered Agent

81 Name: PATEL PANKAJ K.
82 Street Address (P.O. Box Number is Not Acceptable): 5 Queen Anne Ct
83
84 City: Ormond Beach FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: P Patel — 3-12-95
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T/D ☐ Change ☒ Addition
NAME	PATEL, VIPIN	1.2 NAME	PATEL PANKAJ
STREET ADDRESS	1055 N HALIFAX	1.3 STREET ADDRESS	5 queen Anne ct
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BHOOLA, MOHAN	2.2 NAME	
STREET ADDRESS	1055 N HALIFAX	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ORANGE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	PARKHANI, CHANDRA K.	3.2 NAME	
STREET ADDRESS	1108 NORTHSIDE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	PATEL SIDDHARTH, J. P	4.2 NAME	
STREET ADDRESS	4 TIFFANY CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: P Patel — 3-12-95 — 904 673 3650 / 9046732634
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024362