

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21432

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: HINDU SOCIETY OF CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

1994 LAKE DRIVE  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

1994 LAKE DRIVE  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 59-2873718

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GUPTA, SURESH MR.  
9030 SOUTHERN BREEZE DRIVE  
ORLANDO, FL 32836 US

**Name and Address of New Registered Agent:**

NALLAMSHETTY, ADINARAYANMURT DR  
1994 LAKE DR  
CASSELBERRY, FL 32707 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: DR. ADI NALLAMSHETTY

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GUPTA, SURESH MR.  
Address: 9030 SOUTHERN BREEZE DRIVE  
City-St-Zip: ORLANDO, FL 32836

Title: T ( ) Delete  
Name: SAMPATH, SARASWATHI  
Address: 413 VISTA OAK DR.  
City-St-Zip: LONGWOOD, FL 32779

Title: P ( ) Delete  
Name: KAPADIA, MAHENDRA MR.  
Address: 2117 HUNTLEIGH POINT  
City-St-Zip: ORLANDO, FL 32835

Title: VP ( ) Delete  
Name: DUBEY, PROMOD MR.  
Address: 774 CAMPHORHEIGHTS PL.  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: NALLAMSHETTY, ADINARAYANMURT DR.  
Address: 8048 HORSEFERRY RD.  
City-St-Zip: ORLANDO, FL 32635

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: ADINARAYANMURTHY NALLAMSHETTY

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date