

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90002 016 \*\*\*\*75.00

**DOCUMENT # N25813**

1. Entity Name

HINDU RELIGIOUS CENTER, INC.



Principal Place of Business

5511 LYNN ROAD  
TAMPA, FL 33624

Mailing Address

5511 LYNN ROAD  
TAMPA, FL 33624

**40115470**



07072008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-2898769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SANDIP LESQ.  
2352 DREW STREET  
CLEARWATER, FL 33765

5511, Lynn Rd.  
Tampa, FL 33624

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*N. A. Patel*

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-08

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SHAH, RAMESH  
STREET ADDRESS 3119 MOSSVALE LANE  
CITY-ST-ZIP TAMPA, FL 33618

TITLE TD  
NAME PATEL, NIKUNJ  
STREET ADDRESS 13706 SUN COURT  
CITY-ST-ZIP TAMPA, FL 33624

TITLE SD  
NAME PATEL, HARISH  
STREET ADDRESS 7901 BAYOU CLUB BLVD  
CITY-ST-ZIP LARGO, FL 33777

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-5-08

813-264-4638