

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

07 APR 24 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PS*



<b>DOCUMENT # N29775</b> 1. Entity Name <b>GUJARATI SAMAJ OF GREATER TALLAHASSEE, INC.</b>					
Principal Place of Business <b>9100 APALACHEE PKWY TALLAHASSEE, FL 32317</b>			Mailing Address <b>PO BOX 16023 TALLAHASSEE, FL 32317</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2354854</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>VORA, BHUPENDRA H 1703 VINEYARD WAY TALLAHASSEE, FL 32317</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ <span style="float: right;"><b>000099198120</b> 04/27/07--01002--005 **61.25</span>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SHAH, TARUN 1850 VINEYARD WAY TALL, FL 32317</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT / DIR. PATEL GIRISH 1839 WAGON WHEEL CIRCLE E TALL, FL 32317</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV PATEL, GIRISH 1839 WAGON WHEEL CIRCLE E TALL, FL 32317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT / DIR. BHULA RAKESH K. 959 LONG FEATHER DR. TALL, FL 32301</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD VORA, BHUPENDRA 1703 VINEYARD WAY TALLAHASSEE, FL 32317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER / DIR. VORA BHUPENDRA H. 1703 VINEYARD WAY TALL, FL 32317</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THAKKAR, AJAY 1890 BLACKMORE CT TALL, FL 32317</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / DIR. CHANDRAKANT J. PATEL 5650 EMMA LANE TALL, FL 32317</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHAH, DILIP R 1401 DEVONSHIRE CT TALLAHASSEE, FL 32317</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIR. PATEL MUKESH 4780 HEDGEWOOD DR. TALL, FL 32309</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
<b>SIGNATURE: <u>Bhupendra H. Vora</u>      4/24/07      850/245-8380</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #					