

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40190

FILED
Mar 08, 2006
Secretary of State

Entity Name: GUJARATI SAMAJ OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

5321 CAMELOT FOREST DRIVE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

5321 CAMELOT FOREST DRIVE
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 59-3113699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIRA, BILL N
5321 CAMELOT FOREST DR
JACKSONVILLE, FL 32258 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 () Delete
Name: BAKUL, PATEL
Address: 409 IVE CT
City-St-Zip: JACKSONVILLE, FL 32258

Title: VD () Delete
Name: BILL, VIRA
Address: 5321 CAMELOT FOREST DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: SD () Delete
Name: BIPIN, PATEL
Address: 11504 PETERSHAM FALLS LN
City-St-Zip: JACKSONVILLE, FL 32258

Title: TD () Delete
Name: NIRANJAN, GANDHI
Address: 3640 SHAWNEE SHORES DR
City-St-Zip: JACKSONVILLE, FL 32225

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL N VIRA

VD

03/08/2006

Electronic Signature of Signing Officer or Director

Date