


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N43726 1. Entity Name INDIAN ASSOCIATION OF THE SPACE COAST, INC.	
--	---

Principal Place of Business 3433 MAZUR DR. MELBOURNE, FL 32901 US	Mailing Address P. O. BOX 361184 MELBOURNE, FL 32936 US
---	---

DO NOT WRITE IN THIS SPACE

FILED
Aug 14, 2008 08:00 AM
Secretary of State



07312008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3069784	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PANDIT, KUMKUM 3433 MAZUR DR MELBOURNE, FL 32901

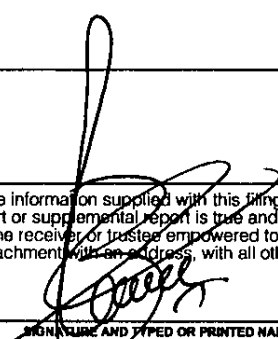
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
--

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BHARUCHA, MEHUL MR 180 HWY A1A SATELLITE BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD VYAS, REKHA MRS 1802 PINE STREET MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PATEL, RUPAL MRS 2716 MADRIGAL LANE WEST MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PANDIT, KUMKUM MRS 3433 MAZUR DRIVE MELBOURNE, FL 32901
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:  MEHUL BHARUCHA 08/11/08 (321) 693 3466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>