

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47413

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: INDIA CULTURAL AND EDUCATION CENTER, INC.

**Current Principal Place of Business:**

1115 S.W. 13TH STREET  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

**Current Mailing Address:**

10609 SW 12 TERRACE  
MICANOPY, FL 32667 US

**New Mailing Address:**

FEI Number: 59-3112858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DR. RAMAKANT SRIVASTAVA  
10609 SW 12 TERRACE  
MICANOPY, FL 32667 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: P      ( ) Delete  
Name: QAYUMI, SHAHEDA MD  
Address: 4016 NW 78TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: VASIL, PH.D., INDRA  
Address: 4901 NW 19TH PL  
City-St-Zip: GAINESVILLE, FL 32605

Title: D      ( ) Delete  
Name: HAZARIWALA, INDIRA  
Address: 6512 NW 50TH LANE  
City-St-Zip: GAINESVILLE, FL 32653

Title: S      ( ) Delete  
Name: RAMAKANT, PH.D., SRIVASTAVA  
Address: 10609 SW 12 TERRACE  
City-St-Zip: GAINESVILLE, FL 32667

Title: VPD      ( ) Delete  
Name: JAIN, VIDYA MD  
Address: 2817 NW 62ND TERRACE  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: T      ( ) Delete  
Name: SOMESHWAR, PH.D., ARUN V  
Address: 5615 NW 45TH LANE  
City-St-Zip: GAINESVILLE, FL 32606

**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:

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: RSRIVASTAVA

SECR

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date