FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:14

DOCUMENT # **N49574** **(9)**

1. Corporation Name
GUJARATI SAMAJ OF GREATER ORLANDO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 151145 ALTAMONTE FL 32701	P.O. BOX 151145 ALTAMONTE FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-3176664 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 9127 KILGORE RD.	2a. Mailing Address 26 9127 KILGORE RD.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORLANDO, FL.	City & State 28 ORLANDO, FL.
Zip / Country 24 32836 / 25	Zip / Country 29 32836 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARISH, SHAN 9426 PALM TREE DR WINDERMERE FL 34786	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	HARISH, SHAN	1.2 NAME	
STREET ADDRESS	9426 PALM TREE DR	1.3 STREET ADDRESS	9127 KILGORE RD. ~~9127 KILGORE RD.~~
CITY-ST-ZIP	WINDERMERE FL	1.4 CITY-ST-ZIP	ORLANDO, FL. 32836
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	PATEL, RAMBHAI	2.2 NAME	
STREET ADDRESS	1076 WEST HWY 436	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	JAYANTI, NAYEE	3.2 NAME	
STREET ADDRESS	219 CANTERCLUB TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32779	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BHAVSAR, I.C.	4.2 NAME	
STREET ADDRESS	6167 HARBOURTOWN CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	**REMITTED BY MAY 1**
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [signature] 4/26/95 407-423-3171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031017