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Secretary of State

06-23-1999 90001 035 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49574

1. Corporation Name

GUJARATI SAMAJ OF GREATER ORLANDO, INC.

Principal Place of Business

7220 SPRING VILLA CIR
 ORLANDO FL 32819
 US

Mailing Address

7220 SPRING VILLA CIR
 ORLANDO FL 32819
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/26/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3176664
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees
25	30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, RANCHHODDBHAI
7200 SPRINGVILLA CIR.
ORLANDO FL 32819

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RANCHHODDBHAI	1.2 NAME	
STREET ADDRESS	7200 SPRINGVILLA CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MOTIRAM	2.2 NAME	PANCHAL, KAMLESH
STREET ADDRESS	7220 SPRINGVILLA CIR	2.3 STREET ADDRESS	634 BERRIES CT.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, RAMANBHAI	3.2 NAME	TAYLOR, PRAKASH
STREET ADDRESS	4515 VILLAGE WOOD DR	3.3 STREET ADDRESS	7220 SPRINGVILLA CIR.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOHIL, HIRJIBHAI	4.2 NAME	GOHIL, VIPIN
STREET ADDRESS	8082 WELLSMERE CIR	4.3 STREET ADDRESS	8082 WELLSMERE CIR.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

R. Patel

6/9/99

407-351-9406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)