

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000005175 (4)

1. Corporation Name

SHAKTIKRUPA CHARITABLE FOUNDATION, INC.



Principal Place of Business

Mailing Address

18167 US HWY 19 N
STE 150
CLEARWATER FL 34624
US

18167 US HWY 19 N
STE 150
CLEARWATER FL 34624
US

3. Date Incorporated or Qualified

10/19/1994

4. FEI Number

59-3298820

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2240 Belleair Road

26 2240 Belleair Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 160

27 Suite 160

City & State

City & State

23 Clearwater, FL

28 Clearwater, FL

Zip

Country

24 33764

25 USA

Zip

Country

29 33764

30 USA

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. Is this nonprofit corporation a homeowners association?



Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, MOORE &
18167 US HWY 19 N
STE 150
CLEARWATER FL 34624

81 Name Patel, Moore & O'Connor, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

2240 Belleair Road

83 Suite 160

84 City Clearwater

FL

85

Zip Code 33764

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 PD
NAME PATEL, KIRAN C
STREET ADDRESS 11016 N DALE MABRY STE 203
CITY-ST-ZIP TAMPA FL

1.1 TITLE Director
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME KHANT, RAVI
STREET ADDRESS 11016 N DALE MABRY TE 203
CITY-ST-ZIP TAMPA FL

2.1 TITLE President/Director
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME RUTHERFORD, THOMAS S
STREET ADDRESS 11016 N DALE MABRY STE 203
CITY-ST-ZIP TAMPA FL

3.1 TITLE Treasurer/Director
3.2 NAME Deepak K Shah
3.3 STREET ADDRESS 11016 N. Dale Mabry, Suite 203
3.4 CITY-ST-ZIP Tampa, FL 33618

TITLE SD
NAME SHAH, DEEPAK
STREET ADDRESS 11016 N DALE MABRY STE 203
CITY-ST-ZIP TAMPA FL

4.1 TITLE Secretary/Director
4.2 NAME Ashwin Mehta
4.3 STREET ADDRESS 11016 N. Dale Mabry, Suite 203
4.4 CITY-ST-ZIP Tampa, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, only as an attachment with an address.

SIGNATURE:

1/16/98

CP2E037 (10/97)