

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005532

FILED
Jan 11, 2012
Secretary of State

Entity Name: INDIA ASSOCIATION OF FORT MYERS, INC.

Current Principal Place of Business:

563 PECK AVENUE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 07183
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0541765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEHTA, VAISHALI TR
16620 CROWNSBURY WAY #201
FT.MYERS, FL 33908 US

Name and Address of New Registered Agent:

MEHTA, VAISHALI TR
16620 CROWNSBURY WAY #201
FT.MYERS, FL 33966 US

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:

01/11/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: RAMANA, MUWVA
Address: 6620 PLANTATION PRESERVE CIR N
City-St-Zip: FORT MYERS, FL 33966

Title: P
Name: KASIREDDY, PRASAD
Address: 2628 FAIRMONT COVE CT.
City-St-Zip: CAPE CORAL, FL 33991

Title: TR
Name: MEHTA, VAISHALI
Address: 16620 CROWNSBURY WAY #201
City-St-Zip: FT.MYERS, FL 33908

Title: D
Name: ARCHANA, CHAVAKULA
Address: 14035 BALD CYPRESS CIR
City-St-Zip: FORT MYERS, FL 33907

Title: S
Name: DEVAGUPTAPU, RAVI
Address: 1799 SCARLETT AVENUE
City-St-Zip: NORTH PORT, FL 34289

Title: VP
Name: MATHUR, SAPNA
Address: 8789 PASEO DE VALENCIA ST
City-St-Zip: FORT MYERS, FL 33908

I hereby 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 all other like empowered.

SIGNATURE: VAISHALI MEHTA

TR

01/11/2012

Electronic Signature of Signing Officer or Director

Date