

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003275 (3)

1. Corporation Name

INDIAN ASSOCIATION OF POLK COUNTY, INC.



Principal Place of Business
4723, Highlands Place Dr,
Lakeland, FL 33813

Mailing Address
P.O. Box. 7181,
Lakeland, FL 33807-7181

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified
07/05/1995

3a. Date of Last Report
2-19-96

4. FEI Number
59- 3327187

Applied For
☒ Not Applicable

5. Certificate of Status Desired
☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution
☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent
PATEL, NILESH
451 SOUTH CENTRAL AVE.
LAKELAND FL 38801

10. Name and Address of New Registered Agent
81 Name
MR. C.N. PATEL,
82 Street Address (P.O. Box Number is Not Acceptable)
4723, Highlands Place Dr,
83
84 City
LAKELAND, FL 85 Zip Code
33813

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)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	Mr. C.N. PATEL,	4723, Highlands Place Dr,	Lakeland, FL 33813.
Vice President.	Mr. Hashmukh M. Patel	1702, HWY 92 West, Auburndale,	FL, 33823
SECRETARY.	Mr. Bhagubhai D. Patel,	2645, Summitview Drive,	Lakeland, FL, 33813.
TREASURER.	Mr. Natwar N. Patel,	810, Hinson Ave, Haines City,	FL, 33844
Trustee.	Mr. Navinbhai U. Patel,	4703, Kimball Ct, Lakeland	FL, 33813
DIRECTOR.	Mr. Kamal Patel,	5435 Highland Vista Cr,	LAKELAND, FL 33813

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
DIRECTOR.	MR. JAGDISH SHETH,	3949, HWY 27, South, Lake Wales,	FL, 33853
DIRECTOR,	Mr. Arvind Parmar,	1630, 6th ST, N.W. Winter Haven,	FL 33881
Director	Mr. Kishor Gohil,	773, Powder Horn Row, Lakeland,	FL 33809

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)(k), 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E037 (3/96)