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May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003275 (3)**

1. Corporation Name

INDIAN ASSOCIATION OF POLK COUNTY, INC.

Principal Place of Business

**2127 EDGEWATER CIR S.E.
WINTER HAVEN FL 33880
US**

Mailing Address

**P.O. BOX 7181
LAKELAND FL 38801
US**



3. Date Incorporated or Qualified

07/05/1995

4. FEI Number

59-3327187

Applied For

Not Applicable

2. Principal Place of Business

**6071 CASON WAY
33813-38801**

2a. Mailing Address

P.O. BOX 7181

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

LAKELAND, FL 33813

LAKELAND, FL 38801

Zip

Country

Zip

Country

33813

POLK

38801

POLK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEHTA, JITU M
2127 EDGEWATER CIRCLE S.E.
WINTER HAVEN FL 33880**

81 Name

PATEL, SHAILESH K.

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

6071 CASON WAY

83

6071 CASON WAY

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/27/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

**S
NAME
SHAILESH, K.
STREET ADDRESS
3008 STEEPLE CHASE DR
CITY-ST-ZIP
LAKELAND FL**

1.1 TITLE ☐ Change ☐ Addition

**P
NAME
SHAILESH K.
STREET ADDRESS
3008 STEEPLE WAY
CITY-ST-ZIP
LAKELAND, FL 33813**

TITLE ☒ DELETE

**P
NAME
MEHTA, JITU M
STREET ADDRESS
2127 EDGEWATER CIRCLE S.E.
CITY-ST-ZIP
WINTERHAVEN FL**

2.1 TITLE ☐ Change ☒ Addition

**S
NAME
PATEL RAJENDRA P.
STREET ADDRESS
2241 MALACHITE DR. LAKELAND, FL 33810**

TITLE ☒ DELETE

**T
NAME
PATEL, BHUPENDRA M.
STREET ADDRESS
3205 SMOKE SIGNAL CR
CITY-ST-ZIP
KISSIMMEE FL**

3.1 TITLE ☐ Change ☒ Addition

**T
NAME
ROHIT D. PATEL.
STREET ADDRESS
3520 CLEVELAND HTS BLVD.
CITY-ST-ZIP
LAKELAND, FL 33803**

TITLE ☐ DELETE

**T
NAME
PATEL, NAVINBHAI U
STREET ADDRESS
4703 KIMBALL CT WEST
CITY-ST-ZIP
LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**T
NAME
PATEL, ASHWIN H
STREET ADDRESS
744 SCOTT LAKE VILLAGE N
CITY-ST-ZIP
LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

TITLE ☐ DELETE

**T
NAME
PATEL, KAMEL R.
STREET ADDRESS
5435 HIGHLANDS VISTA CR
CITY-ST-ZIP
LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition

**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, or on an attachment with an address.

SIGNATURE: *[Signature]* **SHAILESH PATEL.**

4/27/98

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