

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90283 021 \*\*\*\*70.00

**DOCUMENT # N95000005851**

1. Entity Name

PANHANDLE HINDU INDIAN ASSOCIATION., INC.



Principal Place of Business

INDUBHAI BANKER  
4111 W HWY 98  
PANAMA CITY FL 32401

Mailing Address

PNHANDLE HINDU INDIAN ASSC.  
P.O. BOX 541  
LYNN HAVEN FL 32444



2. Principal Place of Business

JITENDRA J. BHAKTA

3. Mailing Address

Suite, Apt. #, etc.

5239 OAK DRIVE

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

MARIANNA, FL 32446

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

FL 32446

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PATEL, DAHYABHAI V  
2005W HARBOUR DR.  
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating).

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BANKER, INDUBHAI  
STREET ADDRESS 4111 W HWY 98  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE V ☐ Delete  
NAME BHAKTA, JITENDRA  
STREET ADDRESS 5239 OAK DR.  
CITY-ST-ZIP MARIANNA FL 32446

TITLE S ☐ Delete  
NAME BHAILTA, JAVESH  
STREET ADDRESS 8042 US HWY 98 W  
CITY-ST-ZIP PORT SAINT JOE FL 32456

TITLE T ☐ Delete  
NAME BHAKTA, BIPIN  
STREET ADDRESS 3 PALMETTO DR.  
CITY-ST-ZIP MARY ESTHER FL 32569

TITLE BOD ☐ Delete  
NAME PATEL, DAHYABHAI V  
STREET ADDRESS 2005W HARBOUR DR.  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE CN ☐ Delete  
NAME PATEL, SHILA  
STREET ADDRESS 9216 FRONT BEACH RD.  
CITY-ST-ZIP PANAMA CITY BEACH FL 32407

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P. ☒ Change ☐ Addition  
NAME JITENDRA BHAKTA  
STREET ADDRESS 5239 OAK DRIVE  
CITY-ST-ZIP MARIANNA, FL 32446

TITLE V. ☒ Change ☐ Addition  
NAME JAVESH PATEL  
STREET ADDRESS 207 HWY. 231  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE S. ☐ Change ☐ Addition  
NAME JAYESH BHAKTA  
STREET ADDRESS 8042 U.S. HWY 98 W.  
CITY-ST-ZIP PORT ST. JOE FL 32456

TITLE T. ☒ Change ☐ Addition  
NAME DAHYABHAI V. PATEL  
STREET ADDRESS 2005 W. HARBOUR DR.  
CITY-ST-ZIP LYNN HAVEN, FL 32444

TITLE BOD. ☒ Change ☐ Addition  
NAME MAHESH SHAH  
STREET ADDRESS 504 PARKWOOD DR.  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE CN ☐ Change ☐ Addition  
NAME SHILA PATEL  
STREET ADDRESS 102 ARGOKAUT ROAD  
CITY-ST-ZIP PANAMA CITY, FL 32413

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*