

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005851

FILED
Apr 25, 2008
Secretary of State

Entity Name: PANHANDLE HINDU INDIAN ASSOCIATION., INC.

Current Principal Place of Business:

JITENDRA J. BHAKTA
541 PAK DR
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BHAKTA, JITENDRA
Address: 5239 OAK DR
City-St-Zip: MARIANNA, FL 32446

Title: V () Delete
Name: PATEL, JAYESH
Address: 207 HWY 231
City-St-Zip: PANAMA CITY, FL 32405

Title: S () Delete
Name: BHAILTA, JAYESH
Address: 8042 US HWY 98 W
City-St-Zip: PORT SAINT JOE, FL 32456

Title: BOD () Delete
Name: SHAH, MAHESH
Address: 504 PARKWOOD DR
City-St-Zip: PANAMA CITY, FL 32405

Title: T () Delete
Name: PATEL, DRHYABHAI V
Address: 2005W HARBOUR DR.
City-St-Zip: LYNN HAVEN, FL 32444

Title: CN (X) Delete
Name: PATEL, SHILA
Address: 102 AROTKAUT RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: PATEL, SHILA
Address: 102 AROTKAUT RD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S (X) Change () Addition
Name: PATEL, JAYESH
Address: 207 HWY 231
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PATEL, CHETAN
Address: 653 W. 23RD STREET # 131
City-St-Zip: PANAMA CITY, FL 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHETAN PATEL

T

04/25/2008

Electronic Signature of Signing Officer or Director

Date