

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005851

FILED  
Apr 30, 2009  
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 ( )**

**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, SHILA  
Address: 102 AROTKAUT RD  
City-St-Zip: PANAMA CITY BEACH, FL 32413

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date