2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 08, 2009
Secretary of State

DOCUMENT# N96000001640

Entity Name: JAIN SOCIETY INC OF TAMPA BAY

Current Principal Place of Business:

4306 FAIRCOURT DR
VALRICO, FL 33596

New Principal Place of Business:

5511A LYNN RD.
TAMPA, FL 33624

Current Mailing Address:

4306 FAIRCOURT DR
VALRICO, FL 33596

New Mailing Address:

5511A LYNN RD.
TAMPA, FL 33624

FEI Number: 59-3344216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEHTA, DHIRENDRA
4306 FAIRCOURT DR
VALRICO, FL 33596 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: DR ( ) Delete
Name: DIPAK, SHAH
Address: 13927 SHADY SHORE DR
City-St-Zip: TAMPA, FL 33613

Title: MR ( ) Delete
Name: SANJIV, JAIN
Address: 5005 LANDSTAR WAY
City-St-Zip: TAMPA, FL 33647

Title: DR ( ) Delete
Name: SHAH, RUPESH
Address: 2506 LAKE ELLEN DR
City-St-Zip: TAMPA, FL 33618

Title: MR ( ) Delete
Name: SHAH, DEVANG
Address: 4014 W WATWRS AVE #1106
City-St-Zip: TAMPA, FL 34614

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change ( ) Addition
Name: MAHENDRA, DOSHI
Address: 13717 HALLIFORD DR.
City-St-Zip: TAMPA, FL 33624

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

Title: MR. (X) Change ( ) Addition
Name: SHAH, RUPESH
Address: 2506 LAKE ELLEN DR
City-St-Zip: TAMPA, FL 33618

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

Title: MS. ( ) Change (X) Addition
Name: SHAH, BHARATI
Address: 18851 MAISONS DR.
City-St-Zip: LUTZ, FL 33558

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: D. MEHTA MR. 06/08/2009

Electronic Signature of Signing Officer or Director — Date