

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004530 (9)

1. Corporation Name

HINDU CULTURAL SABHA FLORIDA, INC.

Principal Place of Business

Mailing Address

**4205 KIPLING AVE
PLANT CITY FL 33567**

**4205 KIPLING AVE
PLANT CITY FL 33567-7223**



3. Date Incorporated or Qualified
08/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-3423164

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**MAINI, HARI
4205 KIPLING AVE
PLANT CITY FL 33567**

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DIRECTOR OF BOARD <input checked="" type="checkbox"/> DELETE
NAME	MR. BHANDARI RANBIR
STREET ADDRESS	9132 Bayward Ct ORLANDO FL 32819
CITY-ST-ZIP	
TITLE	TRUSTEE & D <input type="checkbox"/> DELETE
NAME	HARI MAINI
STREET ADDRESS	4205 KIPLING AVE
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	TRUSTEE <input type="checkbox"/> DELETE
NAME	DR. RAMESH NAYYAR
STREET ADDRESS	147 N. NARANJA AVE
CITY-ST-ZIP	PORT ST. LUCIE FL. 34983
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	KRISHNA MAINI
STREET ADDRESS	4205 KIPLING AVE
CITY-ST-ZIP	PLANT CITY FL 33567
TITLE	TRUSTEE <input type="checkbox"/> DELETE
NAME	DR. PAWAN RATTAN
STREET ADDRESS	26 ADALIA AVE.
CITY-ST-ZIP	TAMPA FL. 33606
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR OF BOARD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DR. NUKESH K. AGGARWAL
1.3 STREET ADDRESS	2442 NEW FOUND HARBOR DR
1.4 CITY-ST-ZIP	MERRIT ISLAND FL. 32952
2.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MR. BRAHM AGGARWAL
2.3 STREET ADDRESS	7636 APPLE TREE CIRCLE
2.4 CITY-ST-ZIP	ORLANDO FL. 32819
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MR. DEEPAK KAPOOR
3.3 STREET ADDRESS	4107 SPARROW HAWK RD.
3.4 CITY-ST-ZIP	MELBOURNE FL. 32934
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 REQUIRED

Amjaini

April 17, 97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046228

CR2E037 (9/96)