


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 013 ****61.25

DOCUMENT # N98000002614	
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1. Entity Name
THE HINDU CULTURAL ASSOCIATION OF DAYTONA BEACH, INC.

Principal Place of Business
**1800 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

Mailing Address
**1800 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

2. Principal Place of Business - No P.O. Box #
150 MADISON AVE
Suite, Apt. #, etc.

3. Mailing Address
150 MADISON AVE
Suite, Apt. #, etc.

City & State
DAYTONA BEACH, FL
Zip
32114 Country
VOLUSIA

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DAYTONA BEACH, FL
Zip
32114 Country
VOLUSIA

07272008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3511027 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATEL, SURYAKANT
1800 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32118**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, SURYAKANT M 1800 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, BHUPI 544 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL, PRERNA 1800 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, PANNA 1800 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, NIRANJAN 1800 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL, NATUBHAI 1800 S ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATEL, BHUPI 544 S. RIDGEWOOD AVE DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. PATEL RAKESH 6124 SAN CENTURY GARDEN PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATEL SANAT 1234 S. RIDGEWOOD AVE DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PATEL RASHMIKANT 112 CAROLINA LAKE DR APT #106 DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE PATEL SURYAKANT, M. 1800 S. ATLANTIC AVE. DAYTONA BEACH, FL 32118 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORD OF DIRECTOR PATEL KAMLESH 1817 TARAMAR LN PORT ORANGE, FL 32128 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7127108386-
253-9533