2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# N98000002614

Entity Name: THE HINDU CULTURAL ASSOCIATION OF DAYTONA BEACH, INC.

Current Principal Place of Business:

150 MADISON AVE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

148 MADISON AVE
DAYTONA BEACH, FL 32114

Current Mailing Address:

150 MADISON AVE
DAYTONA BEACH, FL 32114

New Mailing Address:

148 MADISON AVE
DAYTONA BEACH, FL 32114

FEI Number: 59-3511027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATEL, SURYAKANT
1800 S ATLANTIC AVENUE
DAYTONA BEACH, FL 32118 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: PATEL, BHUPI
Address: 544 S. RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V.P. ( ) Delete
Name: PATEL, RAKESH
Address: 6124 SAN CENTURY GARDEN
City-St-Zip: PORT ORANGE, FL 32127

Title: S ( ) Delete
Name: PATEL, SANAT
Address: 1234 S. RIDGEWOOD AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T ( ) Delete
Name: PATEL, RASHMIKANT
Address: 112 CAROLINA LAKE DR, APT #106
City-St-Zip: DAYTONA BEACH, FL 32114

Title: TRUS ( ) Delete
Name: PATEL, SURYAKANT M
Address: 1800 S ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: BOD ( ) Delete
Name: PATEL, KAMLESH
Address: 1817 TARAMARI LN
City-St-Zip: PORT ORANGE, FL 32128

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:

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: BHUPI PATEL PRES 07/06/2009
Electronic Signature of Signing Officer or Director — Date