

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007245

1. Entity Name
VEDIC CULTURAL SOCIETY, INC.



Principal Place of Business
781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983

Mailing Address
781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983



DO NOT WRITE IN THIS SPACE

03292005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0967490

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGGARWAL, DARSHAN
781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983

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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 May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TP
NAME MAS, SNBRAMENUM
STREET ADDRESS 2215 NEBRASKA SUITE 1E
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE TP
NAME CHALASANI, PARASAD MD
STREET ADDRESS 781 HIDDEN RIVER DR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE TP
NAME AGGARWAL, DARSHAN MD
STREET ADDRESS 781 HIDDEN RIVER DR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE S
NAME WALIA, SANJIVE MD
STREET ADDRESS 781 HIDDEN RIVER DR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE TT
NAME PATEL, DEVANG MD
STREET ADDRESS 781 HIDDEN RIVER DR
CITY-ST-ZIP PORT SAINT LUCIE, FL 34983

TITLE T
NAME NAYYER, RAMESH
STREET ADDRESS 604 W. MIDWAY RD
CITY-ST-ZIP FORT PIERCE, FL 34982

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04/09/05-80056-018 61.25

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12. I 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 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:

Darshan Aggarwal

4/6/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #