

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007245

FILED
Mar 18, 2009
Secretary of State

Entity Name: VEDIC CULTURAL SOCIETY, INC.

Current Principal Place of Business:

406 ULRICH ROAD
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

PO BOX 13731
FT. PIERCE, FL 34979

New Mailing Address:

PO BOX 13731
FT. PIERCE, FL 34979 US

FEI Number: 65-0967490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGGARWAL, DARSHAN
781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983 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: D () Delete
Name: AGGARWAL, DARSHAN
Address: 781 HIDDEN RIVER DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: CHALASANI, PRASAD MD
Address: 7980 PLANTATION LAKES DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34979

Title: D () Delete
Name: AGGARWAL, RAHUL MD
Address: 781 HIDDEN RIVER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: WALIA, SANJIVE MD
Address: 3000 NORTH HWY A1A APT 12B
City-St-Zip: FT. PIERCE, FL 34979

Title: D () Delete
Name: PATEL, DEVANG MD
Address: 3023 SW MARCO LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: NAYYER, RAMESH
Address: 12202 SE RIVER BEND CT
City-St-Zip: PORT ST LUCIE, FL 34979

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: CHALASANI, PRASAD MD
Address: 7980 PLANTATION LAKES DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34979

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

Title: D (X) Change () Addition
Name: WALIA, SANJIV MD
Address: 3000 NORTH HWY A1A APT 12B
City-St-Zip: FT. PIERCE, FL 34979

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

Title: D (X) Change () Addition
Name: NAYYAR, RAMESH
Address: 12202 SE RIVER BEND CT
City-St-Zip: PORT ST LUCIE, FL 34979

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: AGGARWAL

D

03/18/2009

Electronic Signature of Signing Officer or Director

Date