

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00022

**Entity Name:** HINDU TEMPLE OF FLORIDA, INC.

**Current Principal Place of Business:**

5509 LYNN ROAD  
TAMPA, FL 33624

**Current Mailing Address:**

5509 LYNN ROAD  
TAMPA, FL 33624

**FEI Number: 59-2411940**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DERASARI, MANJUL  
5509 LYNN RD  
TAMPA, FL 34624 US

*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: MANJUL DERASARI**

**04/27/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PARIMI, DURGARAO V  
Address        9656 LAKE CHASE ISLAND WAY  
City-State-Zip: TAMPA FL 34626

Title            VP  
Name            SASTRY, INDIRA  
Address        5003 LONGBOAT BLVD  
City-State-Zip: TAMPA FL 33615

Title            TREASURER  
Name            DERASARI, MANJUL  
Address        15908 FARMIGHAM DRIVE  
City-State-Zip: TAMPA FL 33647

Title            ASST. TREASURER  
Name            VARMA, SAI  
Address        10574 CORY LAKE DRIVE  
City-State-Zip: TAMPA FL 33647

Title            SECRETARY  
Name            RATTEHALLY, UMA  
Address        5113 RUE VENDOME  
City-State-Zip: LUTZ FL 33558

Title            ASST. SECRETARY  
Name            VENKATARAMU, C R  
Address        3532 PALM CROSSING DR UNIT 203  
City-State-Zip: TAMPA FL 33613

*I hereby 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 all other like empowered.*

**SIGNATURE: C R VENKATARAMU**

**ASSISTANT SECRETARY    04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date