

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000763

Entity Name: NORTH AMERICA TELUGU SOCIETY INC.**Current Principal Place of Business:**9702 TREE TOPS LAKE ROAD
TAMPA, FL 33626**Current Mailing Address:**P.O BOX 452
LEDGEWOOD, NJ 07852 US**FEI Number: 26-4194139****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MADALA, RAVINDRA
9702 TREE TOPS LAKE ROAD
TAMPA, FL 33626 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title DIRECTOR
Name MADALA, RAVINDRA
Address 9702 TREE TOPS LAKE ROAD
City-State-Zip: TAMPA FL 33626

Title DIRECTOR
Name KORRAPATI, MADHU DR.
Address 9702 TREE TOPS LAKE ROAD
City-State-Zip: TAMPA FL 33626

Title DIRECTOR
Name KOTHA, SEKHARAM
Address 2720 ELEANOR WAY
City-State-Zip: WELLINGTON FL 33414

Title PRESIDENT
Name MANNAVA, MOHANA KRISHNA
Address P.O BOX 452
City-State-Zip: LEDGEWOOD NJ 07852

Title CHAIRMAN
Name MADDALI, SRINIVAS
Address P.O BOX 452
City-State-Zip: LEDGEWOOD NJ 07852

Title TREASURER
Name MANCHIKALAPUDI, SRINIVAS
Address P.O BOX 452
City-State-Zip: LEDGEWOOD NJ 07852

Title DIRECTOR
Name APPASANI, SREEDHAR
Address P.O BOX 452
City-State-Zip: LEDGEWOOD NJ 07852

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: SRINIVAS MANCHIKALAPUDI**TREASURER****01/29/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date