

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011437

Entity Name: NAVAJEEVAN EYE CARE TRUST USA, INC.

Current Principal Place of Business:

4119 BAYSHORE BLVD
ST. PETERSBURG, FL 33703

Current Mailing Address:

204 37TH AVENUE N.
#351
ST. PETERSBURG, FL 33704

FEI Number: 27-1448779

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHITTIPEDDI, KUMAR
4119 BAYSHORE BLVD
ST. PETERSBURG, FL 33703 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 PD
Name ACHARYA, K. SRIDHAR
Address NAVAJEEVAN BLIND RELIEF CENTER
TIRUCHANOOR
City-State-Zip: TIRUPATI ANDHRA PRADESH
517503

Title SD
Name CHITTIPEDDI, KUMAR
Address 204 37TH AVENUE N. #351
City-State-Zip: ST. PETERSBURG FL 33704

Title TD
Name CHITTIPEDDI, SAILESH
Address 13292 CORDERO
City-State-Zip: TUSTIN CA 92782

Title MR
Name CLASTER, JAY
Address 519 CRICKLEWOOD DRIVE
City-State-Zip: STATE COLLEGE PA 16803

Title MR
Name FIORENZANO, ARTHUR
Address 15 BLUEBERRY LANE
City-State-Zip: JAMESTOWN RI 02835

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: KUMAR CHITTIPEDDI

SD

01/07/2013

Electronic Signature of Signing Officer/Director Detail

Date