## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000007946

Entity Name: HINDU FAMILY SUPPORT SERVICES, INC

intity name: HINDU FAMILY SUPPORT SERVICES, I

**Current Principal Place of Business:** 

17213 BREEDERS CUP DR ODESSA. FL 33556

**Current Mailing Address:** 

17213 BREEDERS CUP DR ODESSA, FL 33556 US

FEI Number: 82-2420833 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARI, LEKHA 545 E. WELLS ST UNIT 600 MILWALIKEE FL 532

MILWAUKEE, FL 53202 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: LEKHA CHARI 01/31/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title P Title S

Name VENKATARAM, KATHARIGUPPA Name KUMAR, SUBRAMANIAN

Address 17213 BREEDERS CUP DR Address 28959 WESLEY CHAPEL BOULEVARD

City-State-Zip: ODESSA FL 33556

City-State-Zip: WESLEY CHAPEL FL 33543

 Title
 TREASURER
 Title
 BOARD MEMBER

 Name
 CHARI, LEKHA
 Name
 REDDY, MALINI

Address 545 E. WELLS ST UNIT 600 Address 20022 DAYTONA WAY

City-State-Zip: MILWAUKEE WI 53202 City-State-Zip: TAMPA FL 33647

TitleBOARD MEMBERTitleBOARD MEMBERNameRANGARAJAN, MADHAVANNameRAMAKA, RAJU

Address 19128 CYPRESS LANE Address 16306 MUIRIFIELD DR
City-State-Zip: TAMPA FL 33647 City-State-Zip: ODESSA FL 33556

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: LEKHA CHARI TREASURER 01/31/2021

FILED Jan 31, 2021

**Secretary of State** 

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