

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007245

Entity Name: VEDIC CULTURAL SOCIETY, INC.**Current Principal Place of Business:**406 ULRICH ROAD
FORT PIERCE, FL 34982**Current Mailing Address:**PO BOX 13731
FT. PIERCE, FL 34979 US**FEI Number:** 65-0967490**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGGARWAL, DARSHAN
781 HIDDEN RIVER DR
PORT SAINT LUCIE, FL 34983 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 D
Name AGGARWAL, DARSHAN
Address 781 HIDDEN RIVER DRIVE
City-State-Zip: PORT ST LUCIE FL 34983Title D
Name CHALASANI, PRASAD MD
Address 7980 PLANTATION LAKES DRIVE
City-State-Zip: PORT ST. LUCIE FL 34979Title D
Name BHATT, GAURANG
Address 414, NW DOVER COURT
City-State-Zip: PORT SAINT LUCIE FL 34983Title D
Name WALIA, SANJIV MD
Address 3000 NORTH HWY A1A APT 12B
City-State-Zip: FT. PIERCE FL 34979Title D
Name PATEL, DEVANG MD
Address 3023 SW MARCO LANE
City-State-Zip: PALM CITY FL 34990Title D
Name NAYYAR, RAMESH MD
Address 12202 SE RIVER BEND CT
City-State-Zip: PORT ST LUCIE FL 34979Title DIRECTOR
Name NAYER, SUDHIR K
Address 7305 ELYSE CIRCLE
City-State-Zip: PORT ST LUCIE FL 34952Title TREASURER
Name PATEL, RANJANA R
Address 630 SW PATELMETTO
City-State-Zip: PORT ST LUCIE FL 34986

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: RANJANA PATEL**TREASURER****03/08/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date