

2014 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 34983

Title	D
Name	CHALASANI, PRASAD MD
Address	7980 PLANTATION LAKES DRIVE
City-State-Zip:	PORT ST. LUCIE FL 34979

Title	D
Name	BHATT, GAURANG
Address	414, NW DOVER COURT
City-State-Zip:	PORT SAINT LUCIE FL 34983

Title	D
Name	WALIA, SANJIV MD
Address	3000 NORTH HWY A1A APT 12B
City-State-Zip:	FT. PIERCE FL 34979

Title	D
Name	PATEL, DEVANG MD
Address	3023 SW MARCO LANE
City-State-Zip:	PALM CITY FL 34990

Title	D
Name	NAYYAR, RAMESH MD
Address	12202 SE RIVER BEND CT
City-State-Zip:	PORT ST LUCIE FL 34979

Title	TREASURER
Name	NAYER, SUDHIR K
Address	7305 ELYSE CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34952

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: SUDHIR K NAYER**TREASURER****03/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date