

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005634

FILED
Apr 25, 2007
Secretary of State

Entity Name: KERALA BOAT AND ARTS CLUB OF SOUTH FLORIDA INC

Current Principal Place of Business:

6819 JOHNSON ST
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

6819 JOHNSON ST
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 20-1235599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVY, MATHEW
6819 JOHNSON STREET
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATTATHIL, ALEXANDER
Address: 17090 SW 83 CT
City-St-Zip: MIAMI, FL 33157 US

Title: D () Delete
Name: JOSEPH, SIMON P
Address: 5951 NW 55 MANOR
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: T () Delete
Name: GEORGE, C.K. TREASUR
Address: 5340 QUEEN LAKE TERR
City-St-Zip: DAVIE, FL 33331 US

Title: P () Delete
Name: MATHEW, SAVY PRESIDE
Address: 13851 NW 16TH ST
City-St-Zip: PEMBROKE PINES, FL 33208 US

Title: S () Delete
Name: VATHIELIL, JOJO SECRETA
Address: 1392 NW 104 DR
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D () Delete
Name: JOSEPH, JAYA DIRECTO
Address: 11748 SW 59 STREET
City-St-Zip: COOPER CITY, FL 33328 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAVY MATHEW

Electronic Signature of Signing Officer or Director

P

04/25/2007

Date