

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000197

FILED
Jun 15, 2009
Secretary of State

Entity Name: AZERBAIJANI AMERICAN CULTURAL ASSOCIATION, INC.

Current Principal Place of Business:

137 GOLDEN ISLE DR. APT. 1414
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

137 GOLDEN ISLE DR. APT. 1414
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 06-1837335 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CENGIZ, VURAL
137 GOLDEN ISLE DR. APT. 1414
HALLANDALE BEACH, FL 33009 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EMINOVA, TOHFA
Address: 137 GOLDEN ISLE DR. APT. 1414
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V () Delete
Name: CENGIZ, VURAL
Address: 137 GOLDEN ISLE DR. APT. 1414
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: S () Delete
Name: EMINOV, AZHDAR
Address: 137 GOLDEN ISLE DR. APT. 1414
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: V.C. () Delete
Name: OZUSEN, ALI
Address: 137 GOLDEN ISLES DR.#1414
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: T () Delete
Name: MAMMADOV, ULVI
Address: 137 GOLDEN ISLES DR.@1414
City-St-Zip: HALLANDALE BEACH, FL 33009

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:

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: EMINOVA TOHFA

P

06/15/2009

Electronic Signature of Signing Officer or Director

_____ Date