

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000915

FILED
Apr 08, 2005
Secretary of State

Entity Name: TELUGU ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

13509 LAKE MAGDALENE DRIVE
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

4107 KIRKALDY DR
PALM HARBOR, FL 34685 US

New Mailing Address:

FEI Number: 59-3505120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YALLA, MURTY V DR
4107 KIRKALDY DR
PALM HARBOR, FL 34685 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: NARAYAN, JANAKI DR
Address: 2440 KENT PL
City-St-Zip: CLEARWATER, FL 33764

Title: P/D () Delete
Name: MURTY, YALLA DR
Address: 4107 KIRKALDY DR
City-St-Zip: PALM HARBOUR, FL 34685

Title: S/D () Delete
Name: SEKHARAM, MADHAVI DR
Address: 8730 ASHWORTH DR
City-St-Zip: TAMPA, FL 33647

Title: JS/D () Delete
Name: REDDY, KAKUTURU L DR
Address: 7309 5TH AV NW
City-St-Zip: BRADENTON, FL 34209

Title: VP/D () Delete
Name: KANUBODDU, REDDY V
Address: 5802 36TH AVE SO
City-St-Zip: TAMPA, FL 33619

Title: T/D () Delete
Name: TELUKUNTLA, KOTESHWAR DR.
Address: 2031 84TH ST CIR NW
City-St-Zip: BRADENTON, FL 34209

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 for the exemption stated in Section 119.07(3)(i), 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: MURTY YALLA

P/D

04/08/2005

Electronic Signature of Signing Officer or Director

Date