

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90005 043 ****70.00

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1. Entity Name
TELUGU ASSOCIATION OF FLORIDA, INC.



Principal Place of Business
13509 LAKE MAGDALENE DRIVE
TAMPA, FL 33613 US

Mailing Address
4107 KIRKALDY DR
PALM HARBOR, FL 34685 US

50022158



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07072006

Chg-NP

CR2E037 (4/06)

City & State

City & State

4. FEI Number

59-3505120

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YALLA, MURTY V DR
4107 KIRKALDY DR
PALM HARBOR, FL 34685

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME NARAYAN, JANAKI DR
STREET ADDRESS 2440 KENT PL
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE SECRETARY ☐ Change ☒ Addition
NAME RAVINDRA - CHITRA -
STREET ADDRESS 1223 - DARLINGTON OAK GARDEN - E
CITY-ST-ZIP ST. PETERSBURG, FL 33703

TITLE P/D ☐ Delete
NAME MURTY, YALLA DR
STREET ADDRESS 4107 KIRKALDY DR
CITY-ST-ZIP PALM HARBOR, FL 34685

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☐ Delete
NAME SEKHARAM, MADHAVI DR
STREET ADDRESS 8730 ASHWORTH DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE VP/D - ☒ Change ☐ Addition
NAME SEKHARAM, MADHAVI DR
STREET ADDRESS 8730 - ASHWORTH DR
CITY-ST-ZIP TAMPA - FL 33647

TITLE JS/D ☐ Delete
NAME REDDY, KAKUTURU L DR
STREET ADDRESS 7309 5TH AV NW
CITY-ST-ZIP BRADENTON, FL 34209

TITLE President/D - ☒ Change ☐ Addition
NAME Reddy - Kakuturu, L. Dr.
STREET ADDRESS 7309 - 5th Ave NW
CITY-ST-ZIP BRADENTON, FL 34209

TITLE VP/D ☐ Delete
NAME KANUBODDU, REDDY V
STREET ADDRESS 5802 36TH AVE SO
CITY-ST-ZIP TAMPA, FL 33619

TITLE JS/D - ☒ Change ☐ Addition
NAME KANUBODDU, REDDY V
STREET ADDRESS 5802 - 36th Ave - S
CITY-ST-ZIP TAMPA - FL 33619

TITLE T/D ☐ Delete
NAME TELUKUNTLA, KOTESHWAR DR.
STREET ADDRESS 2031 84TH ST CIR NW
CITY-ST-ZIP BRADENTON, FL 34209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Chitra Ravindra CHITRA RAVINDRA - 7/6/06 - 727-525-0806.
Secretary -
Date Daytime Phone #