

2021 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000010586

Entity Name: THE INDIAN-AMERICAN CULTURAL CENTER, INC.**Current Principal Place of Business:**203 GEORGE STREET
PORT CHARLOTTE, FL 33952**Current Mailing Address:**P. O. BOX 380506
MURDOCK, FL 33938-0506 US**FEI Number:** 75-3137921**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAIR, VASANTHAKUMARI
227 GEORGE STREET
PORT CHARLOTTE, FL 33952 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:** VASANTHAKUMARI NAIR

10/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name NANDIGAM, USHA DR.
Address P. O. BOX 380506
City-State-Zip: MURDOCK FL 33938-0506

Title VP
Name THATTE, LALITA DR.
Address P. O. BOX 380506
City-State-Zip: MURDOCK FL 33938-0506

Title SECRETARY
Name SHINDE, SABRAO
Address P. O. BOX 380506
City-State-Zip: MURDOCK FL 33938-0506

Title TREASURER
Name NAIR, VASANTHA
Address P. O. BOX 380506
City-State-Zip: MURDOCK FL 33938-0506

Title DIRECTOR
Name NANDIGAM, USHA DR.
Address P. O. BOX 380506
City-State-Zip: MURDOCK FL 33938-0506

Title DIRECTOR
Name ADHINARAYAN, MEERA MRS
Address P. O. BOX 380506
City-State-Zip: MURDOCK FL 33938-0506

Title DIRECTOR
Name THATTE, LALITA DR.
Address P. O. BOX 380506
City-State-Zip: MURDOCK FL 33938-0506

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: VASANTHA NAIR**TREASURER**

10/11/2021

Electronic Signature of Signing Officer/Director Detail

Date