2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 717795

Entity Name: THE NORDACARYA ASSOCIATION, INC.

Current Principal Place of Business:

BEVERLY MUSTAINE
612 2ND AVES. #2
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

THOMAS MCGRATH
612 2ND AVENUE S #8
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 65-0128919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUSTAINE, BEVERLY
612 2ND AV. SOUTH #2
LAKE WORTH, FL 33460 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: V ( ) Delete
Name: MCGRATH, THOMAS
Address: 612 2ND AVE S #8
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: MARTINEZ, JUAN
Address: 612 2ND AVE SOUTH # 6
City-St-Zip: LAKE WORTH, FL 33460

Title: P ( ) Delete
Name: RICHMOND, TERRY
Address: 612 2ND AV. S. #4
City-St-Zip: LAKE WORTH, FL 33460

Title: ST ( ) Delete
Name: MUSTAINE, BEVERLY
Address: 612 2ND AVENUE SOUTH #2
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: SILVEIRO, EMMANUAL
Address: 612 2ND AVE SOUTH #5
City-St-Zip: LAKE WORTH, FL 33460

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: D (X) Change ( ) Addition
Name: SCHULTZ, ALEXANDER
Address: 612 2ND AVE SOUTH #5
City-St-Zip: LAKE WORTH, FL 33460

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: BEVERLY A MUSTAINE S/T 04/27/2009

Electronic Signature of Signing Officer or Director — Date