2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2007
Secretary of State

DOCUMENT# N00000002524

Entity Name: INDIA ASSOCIATION CULTURAL AND EDUCATION CENTER OF NORTH CENTRAL FLORIDA, INC.

Current Principal Place of Business:

2091 SW 55TH STREET ROAD
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2091 SW 55TH STREET ROAD
OCALA, FL 34474

New Mailing Address:

FEI Number: 59-3640862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KARVE, NANDKUMAR R
2091 SW 55TH STREET ROAD
OCALA, FL 34474 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: P ( ) Delete
Name: ANJU, VASUDEVAN DR
Address: 3510 SW 24TH AVE RD
City-St-Zip: OCALA, FL 34474

Title: VP ( ) Delete
Name: JAGALUR, THUMATI DR
Address: 156 SE 69TH PL
City-St-Zip: OCALA, FL 34480

Title: S ( ) Delete
Name: CHANDRA, TINA DR
Address: 1980 SW 40TH PLACE
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete
Name: PATEL, ANIL
Address: 1726 SW 27TH ST
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KOHLI, NAGESH DR
Address: 2020 SE 44TH LANE
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change ( ) Addition
Name: DOSHI, CHANDRAKANT
Address: 8100 SW 54TH CT
City-St-Zip: OCALA, FL 34476

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 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: A PATEL T 02/03/2007

Electronic Signature of Signing Officer or Director — Date