

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006480

FILED
May 09, 2007
Secretary of State

Entity Name: ORLANDO REGIONAL MALAYALEE ASSOCIATION, INC.

Current Principal Place of Business:

8213 LIVRONO DR
ORLANDO, FL 32836

New Principal Place of Business:

6834 SPRING RAIN DRIVE
ORLANDO, FL 32819

Current Mailing Address:

8213 LIVORNO DR
ORLANDO, FL 32836

New Mailing Address:

6834 SPRING RAIN DRIVE
ORLANDO, FL 32819

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SEBASTIAN, VALLEY
8213 LIVORNO DR
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

MANCHERY, ANNA
6834 SPRING RAIN DRIVE
ORLANDO, FL 32819 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: ANNA MANCHERY

05/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SEBASTIAN, VALLEY
Address: 8213 LIVORNO DR
City-St-Zip: ORLANDO, FL 32836

Title: DV () Delete
Name: LUTHEENA, NEDUMPARAMBILE
Address: 13063 BROAKFIELD CIR
City-St-Zip: ORALNDO, FL 32837

Title: DST () Delete
Name: THOMAS, VARGHESE
Address: 2387 SOUTHLAND ROAD
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: SHERIN, DAVIS
Address: 1053 WINDSONG CIR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MANCHERY, ANNA
Address: 6834 SPRING RAIN DR.
City-St-Zip: ORLANDO, FL 32819

Title: VP (X) Change () Addition
Name: MALIAKAL, PIUS
Address: 1939 REED HILL DR
City-St-Zip: WINDERMERE,, FL 34786

Title: SEC (X) Change () Addition
Name: KURIAN, CHACKO
Address: 6999 BRESCIA WAY
City-St-Zip: ORLANDO, FL 32819

Title: TRES (X) Change () Addition
Name: BOBBY, ABRAHAM
Address: 3281 FALCON POINTE DRIVE
City-St-Zip: KISSIMMEE, FL 32741

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: ANNA MANCHERY

PRES

05/09/2007

Electronic Signature of Signing Officer or Director

Date