

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90026 044 ****70.00

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1. Entity Name
**KERALA CATHOLIC ASSOCIATION OF CENTRAL
FLORIDA INC.**



Principal Place of Business

**PO BOX 22753
TAMPA, FL 33622**

Mailing Address

**PO BOX 22753
TAMPA, FL 33622**

34001001



02162004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0111694

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SKARIA, ANTONY
1740 SHADY LEAF DR. 11432 HAMMOCK OAKS CT
VALRICO, FL 33594 LITHIA, FL 33547

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IN THIS SPACE**

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 *A. Skaria* **ANTONY SKARIA**

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

(NOTE: Registered Agent signature required when reinstating)

3/15/04
DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SKARIA, ANTONY
STREET ADDRESS	1740 SHADY LEAF DR. 11432 HAMMOCK OAKS CT
CITY-ST-ZIP	VALRICO, FL 33594 LITHIA, FL 33547
TITLE	D
NAME	AIKARA, JOSEPH T
STREET ADDRESS	4527 SWIFT CR.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	THOMAS, THANKACHAN T
STREET ADDRESS	4035 LITHIA RIDGE BLVD.
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

A. Skaria **ANTONY SKARIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04
Date

813-662-1913
Daytime Phone #