

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90281 032 ****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

60027693



03252006 No Chg-NP

CR2E037 (11/05)

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

PHILIP, GEORGE
5661 TUGHILL DR
TAMPA, FL 33624

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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

George Philip

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-31-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PHILIP, GEORGE
STREET ADDRESS 5661 TUGHILL DR
CITY-ST-ZIP TAMPA, FL 33624

TITLE SD
NAME ~~MATHEN, LILLY~~ **MATHEW, LILLY**
STREET ADDRESS 18014 ROYAL FOREST DR
CITY-ST-ZIP TAMPA, FL 33647

TITLE TD
NAME MAXMILLIAN, VARUGHESE
STREET ADDRESS 3817 TRIPLE JUMP STREET
CITY-ST-ZIP VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 exemptions contained 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 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:

George Philip
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-31-06-813-962-0941

CHK # 1183