FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUN -5 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02308 (7)

1. Corporation Name
KERALA SAMAJAM OF SOUTH FLORIDA INC.

Principal Place of Business	Mailing Address
PO BOX 162732 MIAMI FL 33176 US 4865 N.W. 101 AVE CORAL SPRINGS FL-33076	PO BOX 162732 MIAMI FL 33176 US 4865 N.W. 101 AVE CORAL SPRINGS FL-33076

3. Date Incorporated or Qualified: 04/02/1984

4. FEI Number: 65-0153874 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4865 N.W. 101 AVE	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: CORAL SPRINGS	28 City & State
24 Zip: FL-33076	25 Country: USA
	29 Zip
	30 Country

9. Name and Address of Current Registered Agent

VARKEY, AUSEPH
11481 SW 103 ST
MIAMI FL 33176

JOSEPH CHACKO
4865 N.W. 101 AVE
CORAL SPRINGS, FL-33076

10. Name and Address of New Registered Agent

81 Name: JOSEPH CHACKO
82 Street Address (P.O. Box Number is Not Acceptable): 4865 N.W. 101 AVE.
83
84 City: CORAL SPRINGS. FL 33076

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JOSEPH CHACKO Joseph Chacko 4-22-1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE: P	☑ Change ☐ Addition
NAME	THOTTAM, MATTHEW		1.2 NAME: JOSEPH CHACKO	
STREET ADDRESS	5932 TRIPHAMMER RD		1.3 STREET ADDRESS: 4865 N.W. 101 AVE	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP: CORAL SPRINGS, FL-33076	
TITLE	V	☐ DELETE	2.1 TITLE: V	☑ Change ☐ Addition
NAME	THOMAS C. THOMAS		2.2 NAME: MANILAL KUNCHANDI	
STREET ADDRESS	6530 SW 56TH ST		2.3 STREET ADDRESS: 7440 N.W. 24 ST.	
CITY-ST-ZIP	DAVIE FL		2.4 CITY-ST-ZIP: CORALSPRINGS, FL 33063	
TITLE	S	☐ DELETE	3.1 TITLE: S	☑ Change ☐ Addition
NAME	AMMAL KANACHERIL		3.2 NAME: GEORGY VARUGHESE	
STREET ADDRESS	11210 NW 114TH LANE		3.3 STREET ADDRESS: 521 CARINGTON LANE	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP: WESTON, FL-33326	
TITLE	T	☐ DELETE	4.1 TITLE: T	☑ Change ☐ Addition
NAME	JAMES CHACKO		4.2 NAME: JACOB KALAYIL	
STREET ADDRESS	4865 NW 101 AVE		4.3 STREET ADDRESS: 5364 N.W. 66 TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP: CORAL SPRINGS FL 33067	
TITLE	D	☐ DELETE	5.1 TITLE: D	☑ Change ☑ Addition
NAME	KURUVILA THEKKUMKATTIL		5.2 NAME: LIBBY IDICULLA	
STREET ADDRESS	16233 SW 10TH PL		5.3 STREET ADDRESS: 17033 N.W. 15 SS:	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP: DAVIE, FL-	
TITLE	D	☐ DELETE	6.1 TITLE: D	☑ Change ☐ Addition
NAME	NAIR, RADHA K		6.2 NAME: JOHN BERNARD	
STREET ADDRESS	15061 TEHERCLIFF ST		6.3 STREET ADDRESS: 14401 S.W. 97 AVE	
CITY-ST-ZIP	DAVIE FL		6.4 CITY-ST-ZIP: KENDAL MIAMI FL-33176	

200002595172--06/10/98--01082--008 *****61.25 *****61.25

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Chacko 4/22/98 971-6300

CR2E037 (10/97)