

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 11, 2009
Secretary of State

DOCUMENT# N03000003815

Entity Name: TELUGU ASSOCIATION OF THE JACKSONVILLE AREA INC.**Current Principal Place of Business:**2429 WINCHESTER LANE
ST. AUGUSTINE, FL 32092**New Principal Place of Business:**509 MENORCA PLACE
ST. AUGUSTINE, FL 32092**Current Mailing Address:**2429 WINCHESTER LANE
ST. AUGUSTINE, FL 32092**New Mailing Address:**509 MENORCA PLACE
ST. AUGUSTINE, FL 32092**FEI Number:** 87-0763505**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HUSEMAN, WILLIAM R
3733 UNIVERSITY BLVD. WEST
SUITE 210-B
JACKSONVILLE, FL 32217 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: JERRIPOTHULA, MALLIKARJUNA
Address: 2429 WINCHESTER LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S () Delete
Name: VARMA, ADITYA
Address: 2429 WINCHESTER LANE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SRIKAKOLAPU, VAMSEE
Address: 509 MENORCA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S (X) Change () Addition
Name: CHEKKILLA, KIRTHIDHAR
Address: 509 MENORCA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VP () Change (X) Addition
Name: TEGULLA, SUNIL
Address: 509 MENORCA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Change (X) Addition
Name: DEVARASETTY, RAVI K
Address: 509 MENORCA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: WILLIAM R. HUSEMAN

RA

03/11/2009

Electronic Signature of Signing Officer or Director

Date