2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N03000010586

Entity Name: THE INDIAN-AMERICAN CULTURAL CENTER, INC.

Current Principal Place of Business:

824 DOBELL TERRACE
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

824 DOBELL TERRACE
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 75-3137921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DR. R. RAJARAM
824 DOBELL TERRACE
PORT CHARLOTTE, FL 33948 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: RAO, MUKUNDA DR.
Address: 1503 SUZI STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: V ( ) Delete
Name: DR. R. RAJARAM,
Address: 824 DOBELL TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S ( ) Delete
Name: NAIR, VASANTHA MRS.
Address: 203 GEORGE ROAD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete
Name: PADMANABHAN, LATA MRS.
Address: 4581 COLEEN STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: S.PADMANABHAN T 01/06/2005

Electronic Signature of Signing Officer or Director — Date