

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90048 045 ****61.25

DOCUMENT # N03000010586					
1. Entity Name THE INDIAN-AMERICAN CULTURAL CENTER, INC.					
Principal Place of Business 824 DOBELL TERRACE PORT CHARLOTTE, FL 33948			Mailing Address 824 DOBELL TERRACE PORT CHARLOTTE, FL 33948		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-3137921	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DR. R. RAJARAM 824 DOBELL TERRACE PORT CHARLOTTE, FL 33948			Name GNANASHANMUGAM CHINNIA Street Address (P.O. Box Number is Not Acceptable) 121 GRAHAM STREET S.W. City PORT CHARLOTTE FL Zip Code 33952		
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 <i>Cephap</i>		GNANASHANMUGAM CHINNIA (PRES)		01/17/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAO, MUKUNDA DR. 1503 SUZIE STREET PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GNANASHANMUGAM CHINNIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 121 GRAHAM STREET S.W. PORT CHARLOTTE FL-33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DR. R. RAJARAM 824 DOBELL TERRACE PORT CHARLOTTE, FL 33948 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAKIL SAMIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25311 NARWHAL LANE PUNTA GORDA FL-33983	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAIR, VASANTHA MRS. 203 GEORGE ROAD PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOLETI SATYA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX: 495910 PORT CHARLOTTE FL 33949	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PADMANABHAN, LATA MRS. 4581 COLEEN STREET PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UMAKANTHAN RAJALAKSHMI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2498 NEW BURY STREET PORT CHARLOTTE, FL-33952	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Cephap</i>		GNANASHANMUGAM CHINNIA		01/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 941-391-1879	