

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010586

FILED
Apr 28, 2008
Secretary of State

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:

GNANASHANMUGAM, CHINNIA
121 GRAHAM ST SW
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

VAKIL, SAMIR
25311 NARWHAL LANE
PORT CHARLOTTE, FL 33949 US

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: SAMIR VAKIL

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GNANASHANMUGAM, CHINNIA
Address: 121 GRAHAM ST SW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: SAMIR, VAKIL
Address: 25311 NARWHAL LN
City-St-Zip: PUNTA GORDA, FL 33983

Title: S () Delete
Name: VOLETI, SATYA
Address: POB 495910
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: T () Delete
Name: MAHENDRASAH, BALA
Address: 2100 JASMINE WAY
City-St-Zip: NORTH PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VAKIL, SAMIR
Address: 25311 NARWHAL LANE
City-St-Zip: PORT CHARLOTTE, FL 33949

Title: VP (X) Change () Addition
Name: NAIR, VASANTHA
Address: 203 GEORGE ROAD
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S (X) Change () Addition
Name: LOBO, AVANEE M
Address: 1372 PLOVER COURT
City-St-Zip: PORT CHARLOTTE, FL 33950

Title: T (X) Change () Addition
Name: MAHENDRASAH, BALA
Address: 1328 ALPINIA ROAD
City-St-Zip: NORTH PORT, FL 34288

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: BALA MAHENDRASAH

T

04/28/2008

Electronic Signature of Signing Officer or Director

Date