

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001933

FILED
Nov 16, 2009
Secretary of State

Entity Name: GUYANESE AMERICAN CULTURAL ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

7966 WELLSMERE CIRCLE
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

7966 WELLSMERE CIRCLE
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-0773661 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SINGH, KUMAR
2452 TETON STONE RUN
ORLANDO, FL 32828 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: KUMAR SINGH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BAKER, VICTOR
Address: 1226 JAY HILL DRIVE
City-St-Zip: MINNEOLA, FL 34715

Title: VP#1 () Delete
Name: ROBERTS, SAM
Address: 850 LAURELCREST DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: SEC () Delete
Name: BROWN, ANGELI
Address: 1798 CRANBERRY ISLES WAY
City-St-Zip: APOPKA, FL 32712

Title: TREA () Delete
Name: LYKING, GEORGE
Address: 7966 WELLSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: A/T () Delete
Name: BREMNER, LAURINE
Address: 979 KIRKMAN RD. #31
City-St-Zip: ORLANDO, FL 32811

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:

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

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: GEORGE LYKING

TREA

11/16/2009

Electronic Signature of Signing Officer or Director

Date