## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000009597

Entity Name: ORLANDO CULTURAL CENTER, INC.

FILED Jan 31, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1360 COLLANY LANE FROSTPROOF, FL 33843 **Current Mailing Address: New Mailing Address:** 1360 COLLANY LANE FROSTPROOF, FL 33843 FEI Number: 20-1768367 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMDAT, GOWTAM 491 SANDPIPER RIDGE DR ORLANDO, FL 32835 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BHOLA, DEOCHARAN Name: Name: 513 BUENA VISTA AVE Address: Address: ORLANDO, FL 32835 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: RAMDAT, GOWTAM Name: Address: 491 SANDPIPER RIDGE DR Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: () Delete Title: () Change () Addition PERSUAD, RAMKUMARI Name: Name: 1360 COLLANY LANE Address: Address: City-St-Zip: FROSTPROOF, FL 33843 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: JAGLAL, AVINASH Name: 5261 CONA REEF CT Address: Address: City-St-Zip: OCOEE, FL 32810 City-St-Zip: Title: () Delete Title: () Change () Addition JAGLAL, SAMDAYE Name: Name: 5261 CONA REEF CT Address: Address: City-St-Zip: OCOEE, FL 32810 City-St-Zip: Title: () Delete Title: () Change () Addition SEECHARRAN, JAGMOHAN Name: Name: Address: 7708 CARRICK CT Address: ORLANDO, FL City-St-Zip: 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: D BHOLA P 01/31/2005