

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011119

FILED
Apr 23, 2007
Secretary of State

Entity Name: MALAYALEE ASSOCIATION OF NORTH FLORIDA INC.

Current Principal Place of Business:

6930 BEACH BLVD STE 3-C
JACKSONVILLE, FL 32216

New Principal Place of Business:

12258 MADISON CREEK DR.
JACKSONVILLE, FL 32258

Current Mailing Address:

6930 BEACH BLVD STE 3-C
JACKSONVILLE, FL 32216

New Mailing Address:

12258 MADISON CREEK DR.
JACKSONVILLE, FL 32258

FEI Number: 16-1776909

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAYAR, VISWESWAR B
6930 BEACH BLVD STE 3-C
JACKSONVILLE, FL 32216 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: MATHEW, V.S.
Address: 817 NW 106 ST
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: NAYAR, VISWESWAR
Address: 12258 MADISON CREEK DR
City-St-Zip: JACKSONVILLE, FL 32258

Title: S () Delete
Name: VARGHESE, MANI
Address: 44868 WILD HERON WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: S () Delete
Name: ANEDATHU, KRISHNA
Address: 6930 BEACH BLVD STE 3-C
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: KURIKES, ALEX
Address: 9992 WATERMARK LN
City-St-Zip: JACKSONVILLE, FL 32256

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 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: VN

VP

04/23/2007

Electronic Signature of Signing Officer or Director

Date