

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1988.
AMOUNT DUE ON OR BEFORE 8/7/88: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$228.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV -4 AM 9:36

mtc 11/6

DOCUMENT # N06264 (8)

1. Corporation Name

THE TAMIL CULTURAL ASSOCIATION, INC.

Principal Place of Business

% IYAHNAR NAGAPOOLAY
6860 KIMBERLY BOULEVARD
N LAUDERDALE FL 33068

Mailing Address

% IYAHNAR NAGAPOOLAY
6860 KIMBERLY BOULEVARD
N LAUDERDALE FL 33068

3. Date Incorporated or Qualified

11/20/1984

3a. Date of Last Report

08/27/1985

4. FEI Number

65-0138198

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fee

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAGAPOOLAY, IYAHNAR
6860 KIMBERLY BOULEVARD
N LAUDERDALE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	DELETE
NAME	NAGAPOOLAY, IYAHNAR	
STREET ADDRESS	6860 KIMBERLY BLVD	
CITY-ST-ZIP	N LAUDERDALE FL	
TITLE	D	DELETE
NAME	NAGAPOOLAY, VINU	
STREET ADDRESS	6860 KIMBERLY BLVD.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	D	DELETE
NAME	RAY, CHRISTOPHER	
STREET ADDRESS	9404 N.W. 45 ST.	
CITY-ST-ZIP	SUNRISE FL 33315	
TITLE	CHANDERDAI BHAGOO	DELETE
NAME	460 NW HOCT	
STREET ADDRESS	OKLAND PK.	
CITY-ST-ZIP	FL 33309	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change ☐ Addition ☐
1.2 NAME	700001999687-8
1.3 STREET ADDRESS	-11/07/96--01098--024
1.4 CITY-ST-ZIP	***236.25 ***236.25
2.1 TITLE	Change ☐ Addition ☐
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change ☐ Addition ☐
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change ☐ Addition ☐
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change ☐ Addition ☐
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change ☐ Addition ☐
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: IYAHNAR NAGAPOOLAY 10-20-96

PK. 954 974 7219