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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

561103 - 90080 - 20

DOCUMENT # N06264

1. Corporation Name
THE TAMIL CULTURAL ASSOCIATION, INC

Principal Place of Business / Mailing Address
H39 S.W. KESTOR DR
PORT ST. LUCIE
FLORIDA 34953

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 H39 SW KESTOR DR	26 H39 SW. KESTOR DR	10-20-94
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0138148 ☐ Applied For ☐ Not Applicable
City & State 23 PORT ST. LUCIE FL	City & State 28 PORT ST. LUCIE FL.	5. Certificate of Status Desired ☑ $8.75 Additional Fee Required
Zip 24 34953 Country 25 USA	Zip 29 34953 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☑ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
IAYAHNAR NAGAPOOLLAY
H39 S.W. KESTOR DR
PORT ST. LUCIE, FLORIDA 34954

10. Name and Address of New Registered Agent
81 Name: IAYAHNAR NAGAPOOLLAY
82 Street Address (P.O. Box Number is Not Acceptable): H39 S.W KESTOR DR
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34953

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: IAYAHNAR NAGAPOOLLAY Iayahnar Nagapoolay 5-7-99
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	IAYAHNAR NAGAPOOLLAY 6960 KIMBERLY BLVD NORTH LAUDERDALE FL 33068 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT / DIRECTOR IAYAHNAR NAGAPOOLLAY H39 S.W KESTOR DR PORT ST. LUCIE FL 34953 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHANDRADAH BHAGOO PLANTATION FL 33318 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SECRETARY / DIRECTOR SAITAGE RAMERAM 3084 NE 5 AVE. WILTON MANORS FL 33334 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MOOKEN NAGAPOOLLAY ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER / DIRECTOR SITA SULU 3084 NE. 5 AVE WILTON MANORS FL. 33334 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: IAYAHNAR NAGAPOOLLAY Iayahnar Nagapoolay 5-7-99 561 785-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #