

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000364

FILED
Feb 15, 2009
Secretary of State

Entity Name: BREVARD INDIAN RIVER MALAYALEE ASSOCIATION, INC.

Current Principal Place of Business:

367 COBBLEWOOD DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

1307 AVALON DRIVE
ROCKLEDGE, FL 32955

Current Mailing Address:

1241 OLDE BAILEY LN
WEST MELBOURNE, FL 32904

New Mailing Address:

1307 AVALON DRIVE
ROCKLEDGE, FL 32955

FEI Number: 41-2253511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, LUKE
1241 OLDE BAILEY LN
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

ABRAHAM, BOBBY
1307 AVALON DRIVE
ROCKLEDGE, FL 32955 US

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: BOBBY ABRAHAM

02/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, LUKE
Address: 1241 OLDE BAILEY LN
City-St-Zip: MELBOURNE, FL 32904

Title: VP () Delete
Name: THOMSON, SUJA
Address: 5013 CHICA CIR
City-St-Zip: WEST MELBOURNE, FL 32904

Title: S (X) Delete
Name: VARGHESE, MANOJ
Address: 1071 CASCADE CIR, APT. #203
City-St-Zip: ROCKLEDGE, FL 32955

Title: T () Delete
Name: LUKASE, JOJI
Address: 1178 WHITE OAK CIR
City-St-Zip: MELBOURNE, FL 32935

Title: JS (X) Delete
Name: JOPPEN, SUMA
Address: 367 COBBLEWOOD DR.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ABRAHAM, BOBBY
Address: 1307 AVALON DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: S (X) Change () Addition
Name: MATHEW, RAJESH
Address: 3110 SOUTH GATE DR ,APT #250
City-St-Zip: ROCKLEDGE, FL 32955

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

Title: T (X) Change () Addition
Name: GEORGE, ALEX
Address: 889 GLADIOLA CIRCLE ,APT#314
City-St-Zip: ROCKLEDGE, FL 32955

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: BOBBY ABRAHAM

P

02/15/2009

Electronic Signature of Signing Officer or Director

Date