

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004899

FILED
May 02, 2009
Secretary of State

Entity Name: INDIA PRESS CLUB OF FLORIDA INC.

Current Principal Place of Business:

9759 SAVONA WINDS DR
DELRAY BEACH, FL 33446

New Principal Place of Business:

Current Mailing Address:

9759 SAVONA WINDS DR
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VARGHESE, MATHEW
9759 SAVONA WINDS DR
DELRAY BEACH, FL 33446 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGHESE, MATHEW
Address: 9759 SAVONA WINDS DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: S () Delete
Name: JACOB, SUNIL
Address: 6700 NW 186TH ST # 208
City-St-Zip: MIAMI, FL 33015

Title: T () Delete
Name: THANKACHAN, KIZHAKKEPARAMP
Address: 8400 W. SAMPLE RD, # 207
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: THANKACHAN, KIZHAKKEPARAMP
Address: 9875 NW 28 ST
City-St-Zip: CORAL SPRINGS, FL 33065

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: VARUGHESE MATHEW

P

05/02/2009

Electronic Signature of Signing Officer or Director

Date