

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 09, 2009
Secretary of State

DOCUMENT# N08000010808

Entity Name: FLORIDA TURKISH CENTER FOUNDATION, INC.**Current Principal Place of Business:**17670 NW 78TH AVE.
SUITE: 208
PALM SPRINGS NORTH, FL 33015**New Principal Place of Business:**3020 NE 32ND AVE.
SUITE: 123
FORT LAUDERDALE, FL 33038 US**Current Mailing Address:**17670 NW 78TH AVE.
SUITE: 208
PALM SPRINGS NORTH, FL 33015**New Mailing Address:**3020 NE 32ND AVE.
SUITE: 123
FORT LAUDERDALE, FL 33038 US**FEI Number:** 26-4125977**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ORNARLI, FUAT
14360 NW 16TH STR.
PEMBROKE PINES, FL 33028 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: NUR, ERKAN
Address: 10301 LEXINGTON ESTATES BLVD.
City-St-Zip: BOCA RATON, FL 33428

Title: VP () Delete
Name: ORKAN, ATILLA
Address: 1361 SOUTH OCEAN BLVD. #507
City-St-Zip: POMPANO BEACH, FL 33062

Title: S () Delete
Name: ORNARLI, FUAT
Address: 14360 NW 16TH STR.
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T () Delete
Name: ODABAS-YIGIT, SERAP
Address: 2391 NW 49TH LN
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NUR, ERKAN
Address: 22791-B TRELAUNY TER
City-St-Zip: BOCA RATON, FL 33433 US

Title: VP (X) Change () Addition
Name: ORKAN, ATILLA
Address: 1361 SOUTH OCEAN BLVD. #507
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S (X) Change () Addition
Name: ORNARLI, FUAT
Address: 14360 NW 16TH STR.
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T (X) Change () Addition
Name: ODABAS-YIGIT, SERAP
Address: 2391 NW 49TH LN
City-St-Zip: BOCA RATON, FL 33431 US

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: FUAT ORNARLI

S

10/09/2009

Electronic Signature of Signing Officer or Director

Date