2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26054

FILED Sep 24, 2009 Secretary of State

Entity Name: TURKISH AMERICAN CULTURAL ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business: DR. AYDIN K. SUNOL 15406 MORNING DRIVE LUTZ, FL 33559 Current Mailing Address:		New Principal Place of Business: HALIT TURAN 1035 SYLVIA LN TAMPA, FL 33613 New Mailing Address:				
				AYDIN K. 3 15406 MO TAMPA, F	RNING DRIVE	HALIT TURAN 1035 SYLVIA LN TAMPA, FL 33613
				n accordan	: 59-2962050	Number Not Applicable () Certificate of Status Desired () ve the prior notice. Name and Address of New Registered Agent:
SUNOL, A	YDIN RNING DRIVE	KOC, KAMIL 1613 LEDGESTONE DR BRANDON, FL 33511 US				
	named entity submits this statement for the purpose of Florida.	e of changing its registered office or registered agent, or both,				
SIGNATURE: KK		09/24/2009				
	Electronic Signature of Registered Agent	Date				
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				
Title: Name: Address: City-St-Zip:	PD () Delete TURAN, HALIT 1035 SYLVIA LANE TAMPA, FL 33613	Title: () Change () Addition Name: Address: City-St-Zip:				
Fitle: Name: Address: City-St-Zip:	VP (X) Delete TASAR, OMUR 151 20TH AVE NE ST. PETERSBURG, FL 33704	Title: () Change () Addition Name: Address: City-St-Zip:				
Fitle: Name: Address: City-St-Zip:	S () Delete DAVIS, ISIN 1407 WICKFORD PLACE BRANDON, FL 33511	Title: () Change () Addition Name: Address: City-St-Zip:				
Fitle: Name: Address:	T () Delete KOC, KAMIL 6515 MARKSTOWN DR. TAMPA, FL 33617	Title: () Change () Addition Name: Address: City-St-Zip:				
City-St-Zip:		Title: () Change () Addition				
City-St-Zip: Fitle: Name: Address: City-St-Zip:	D () Delete KOC, SEBNEM 6515 MARKSTOWN DR. TAMPA, FL 33617	Name: Address: City-St-Zip:				

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: KK TRE 09/24/2009