

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42530

FILED
Apr 15, 2008
Secretary of State

Entity Name: MALAYALEE ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

18014 ROYAL FOREST DR
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

18014 ROYAL FOREST DR
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3494676

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHEW, CHACKO
18014 ROYAL FOREST DR
TAMPA, FL 33647 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: C () Delete
Name: THOMAS, TOM
Address: 2201 CLUBHOUSE DR
City-St-Zip: PLANT CITY, FL 33566

Title: VC () Delete
Name: VATTAMATTAM, MARIAMMA
Address: 3151 SHORELINE DR
City-St-Zip: CLEARWATER, FL 33760

Title: S () Delete
Name: MARAMANGALAM, JOPPEN
Address: 2836 TIMBER KNOLL DR
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: CHACKO, MATHEW
Address: 18014 ROYAL FOREST DR
City-St-Zip: TAMPA, FL 33647

Title: A () Delete
Name: CHAKKALAKAL, JIMMY
Address: 8857-90TH WAY N
City-St-Zip: SEMINOLE, FL 33777

Title: P () Delete
Name: ILLIKAL, JAMES
Address: 309 CARRIAGE OAK PLACE
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: VARGHESE, JACOB
Address: 10210 EVERGREEN HILLS DRIVE
City-St-Zip: TAMPA, FL 33647

Title: C (X) Change () Addition
Name: VATTAMATTAM, MARIAMMA
Address: 3151 SHORELINE DR
City-St-Zip: CLEARWATER, FL 33760

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

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

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

Title: EX-P (X) Change () Addition
Name: ILLIKAL, JAMES
Address: 309 CARRIAGE OAK PLACE
City-St-Zip: SEFFNER, FL 33584

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: MATHEW CHACKO

T

04/15/2008

Electronic Signature of Signing Officer or Director

Date