

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 23, 2004
Secretary of State**

DOCUMENT# N47413

Entity Name: INDIA CULTURAL AND EDUCATION CENTER, INC.

Current Principal Place of Business:

1115 S.W. 13TH STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

5615 NW 45TH ST
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3112858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DR. ARUN V. SOMESHWAR
5615 NW 45TH ST
GAINESVILLE, FL 32606 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: NARAYAN, PERINCHERI MD
Address: 6520 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: GARG, PH.D., LAL
Address: 3939 NW 36TH PL
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: HAZARWALA, NEETA
Address: 6512 NW 50TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: RAMAKANT, SRIVASTAVA DR
Address: 2019 NW 17TH LN
City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete
Name: SOMESHWAR, ARUN PHD
Address: 5615 NW 45TH ST
City-St-Zip: GAINESVILLE, FL 32606 US

Title: VPD () Delete
Name: JAIN, ASHOK
Address: 8629 NW 1ST AVE.
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ARUN V. SOMESHWAR

S

03/23/2004

Electronic Signature of Signing Officer or Director

Date