

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000529

FILED
Apr 25, 2006
Secretary of State

Entity Name: GUYANA AMERICAN CULTURAL ASSOCIATION, INC.

Current Principal Place of Business:

3301 3RD AVENUE NORTH
ST. PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

3301 3RD AVENUE NORTH
ST. PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 65-0765320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAIMANGAL, MADO
6598 18 STREET NORTH
ST. PETERSBURG, FL FL33702 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: PD () Delete
Name: JAIMANGAL, MADO
Address: 6598 18TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD () Delete
Name: CORBIE, PHYLLIS
Address: 4109 52ND AVE S
City-St-Zip: ST PETE, FL

Title: S (X) Delete
Name: POWELL, DIANNE F
Address: 8110 CAROLL BLVD
City-St-Zip: TAMPA, FL 33619

Title: TD () Delete
Name: RAMCHARRAN, JASODRA
Address: 243 KATHERINE RD
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change () Addition
Name: JAIMANGAL, MADO
Address: 6598 18TH STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

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 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: MADO JAIMANGAL

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date