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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moghnam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JUL 18 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # N96000001014 (7)

1. Corporation Name

IRANIAN CULTURAL ASSOCIATION, INC.

Principal Place of Business

1973 TADSWORTH PL.  
HEATHROW FL 32746

Mailing Address

1973 TADSWORTH PL.  
HEATHROW FL 32746-5333

3. Date Incorporated or Qualified  
02/26/1996

3a. Date of Last Report  
9-9-1996

2. Principal Place of Business

21 440 EAGLE CR.

2a. Mailing Address

26 440 EAGLE CR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 CASSELBERRY, FL.

28 CASSELBERRY FL.

Zip

Country

Zip

Country

24 32707

25

29 32707

30

4. FEI Number

59-3381968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SALEHI, SIMEEN  
1973 TADSWORTH PL.  
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name

MASOUD NOGHREKAR

82 Street Address (P.O. Box Number is Not Acceptable)

440 EAGLE CR.

83

84 City

CASSELBERRY

FL

85 Zip Code

32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: Masoud Moghnam

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/27/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SALEHI, SIMEEN	
STREET ADDRESS	1973 TADSWORTH PL.	
CITY-ST-ZIP	HEATHROW FL 32746	
TITLE	D	DELETE
NAME	HOWELL, MAHVASH	Director (Finance)
STREET ADDRESS	12864 MARLBOROUGH CIR.	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	DELETE
NAME	ALBEKORD, NARGES	
STREET ADDRESS	1053 PALADIN CT.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	DELETE
NAME	VARZEGHAR, SHIDEH	
STREET ADDRESS	1032 HOWELL BRANCH RD.	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	DELETE
NAME	DAVOODIAN, MARYAM	
STREET ADDRESS	2216 FAIRGLEN WAY	
CITY-ST-ZIP	WINTER PARK FL 32782	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MASOUD NOGHREKAR	Change Addition
1.2 NAME	440 Eagle Cr.	"President"
1.3 STREET ADDRESS	CASSELBERRY, FL.	
1.4 CITY-ST-ZIP	32707	
2.1 TITLE	"D"	Change Addition
2.2 NAME	KOOROUSH ROSTAMIAN	Director
2.3 STREET ADDRESS	1730 LEE ROAD, ORLANDO, FL.	
2.4 CITY-ST-ZIP	32801	
3.1 TITLE	KHOSRO AIIASVAND	Change Addition
3.2 NAME	P.O. Box 951925 "D" (Director)	
3.3 STREET ADDRESS	2K. Mary Fl.	
3.4 CITY-ST-ZIP	32795 (N/A)	
4.1 TITLE		Change Addition
4.2 NAME	000002245220--5	
4.3 STREET ADDRESS	-07/23/97--01086--004	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
5.1 TITLE		Change Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Masoud Moghnam 4/27/97 11071292 1111

CR2E037 (9/96)