

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005404

FILED
Mar 13, 2008
Secretary of State

Entity Name: THE IRANIAN AMERICAN SOCIETY, INC.

Current Principal Place of Business:

5763 WOODCLIFF ROAD
PORT ORANGE, FL 32127

New Principal Place of Business:

444 SEABREEZE BLVD.
STE. 900
DAYTONA BEACH, FL 32118

Current Mailing Address:

P.O BOX 10541
DAYTONA BEACH, FL 32120

New Mailing Address:

444 SEABREEZE BLVD.
STE. 900
DAYTONA BEACH, FL 32118

FEI Number: 59-3475379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KESHVARI, PARVIZ
5763 WOODCLIFF ROAD
PORT ORANGE, FL 32127 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: TD () Delete
Name: KESHVARI, PARVIZ
Address: 5763 WOODCLIFF ROAD
City-St-Zip: PORT ORANGE, FL 32127

Title: S () Delete
Name: GARTHE, STEVEN
Address: 5 KING PHILIPS WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: PD () Delete
Name: FOROUGH, HOSSEINI
Address: 1116 OXBRIDGE LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD () Delete
Name: BAHRAMI, MOHAMMAD
Address: 1160 KEY LARGO CIRCLE
City-St-Zip: PORT ORANGE, FL 32128

Title: EXD () Delete
Name: WARD, WILLIAM
Address: 6190 SHORE LINE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: KHOSROVANI, KHOSROW
Address: 1967 COUNTRY CLUB DR.
City-St-Zip: PORT ORANGE, FL 32128

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 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: STEVE GARTHE

S

03/13/2008

Electronic Signature of Signing Officer or Director

Date