MP **FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Apr 15 1998 8:00am
Secretary of State

DOCUMENT # N97000006206 (3)

N/C 12.16.97

1. Corporation Name

[redacted]

IKNANAYA CATHOLIC ASSOCIATION OF SOUTH FLORIDA, INC

Principal Place of Business	Mailing Address
17033 NORTHWEST 15 STREET PEMBROKE PINES FL 33028 14421 SW 115 TERR. MIAMI, FL 33186	17033 NORTHWEST 15 STREET PEMBROKE PINES FL 33028 14421 SW 115 TERR MIAMI, FL 33186.

2. Principal Place of Business	2a. Mailing Address
21 14421 SW 115 TERR	26 14421 SW 115 TERR
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33186	Country 25 U.S.A.
Zip 29 33186	Country 30 U.S.A.

3. Date Incorporated or Qualified: 11/04/1997

4. FEI Number: 65-0792134 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: ABRAHAM THOMAS

82 Street Address (P.O. Box Number is Not Acceptable): 5501 ROOSVELT STREET

83

84 City: HOLLYWOOD FL 85 Zip Code: 33021

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: Abraham Thomas, President 4-4-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ABRAHAM, BABY A		1.2 NAME	ABRAHAM THOMAS	
STREET ADDRESS	17033 NORTHWEST 15 STREET		1.3 STREET ADDRESS	5501 ROOSEVELT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	SD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	IDICULLA, LIBBY		2.2 NAME	PHILIP THOMAS	
STREET ADDRESS	17033 NORTHWEST 15 STREET		2.3 STREET ADDRESS	14421 ~~SW~~ SW 115 TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		2.4 CITY-ST-ZIP	MIAMI, FL 33186.	
TITLE	D	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	ULAHANNAN, MATHAI C		3.2 NAME	PHILIP JOSEPH	
STREET ADDRESS	17033 NORTHWEST 15 STREET		3.3 STREET ADDRESS	5828 TAFT STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE		☐ DELETE	4.1 TITLE	VD	☐ Change ☒ Addition
NAME			4.2 NAME	MATHAI ULAHANNAN	
STREET ADDRESS			4.3 STREET ADDRESS	10456 SW 52 St.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	COOPER CITY FL 33328	
TITLE		☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME			5.2 NAME	PUSHPA JOHNY	
STREET ADDRESS			5.3 STREET ADDRESS	6328 PIERCE STREET	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	HOLLYWOOD, FL 333028	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	JOY MATHEW	
STREET ADDRESS			6.3 STREET ADDRESS	5031 S.W. 90th Ave.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	COOPER CITY, FL 33328	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I 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: Philip P.T. PHILIP JOSEPH 4/4/98 (954)988-0885