2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006206

FILED May 29, 2007 Secretary of State

Entity Name: KNANAYA CATHOLIC ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

6906 E WEDGEWOOD AVENUE 11220 TRADE WIND WAY **DAVIE, FL 33331** COOPER CITY, FL 33026

Current Mailing Address: New Mailing Address:

6906 E WEDGEWOOD AVENUE 11220 TRADEWIND WAY **DAVIE, FL 33331** COOPER CITY, FL 33026

FEI Number: 65-0792134 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IDICULLA, BABYCHAN 6906 E WEDGEWOOD AVENUE DAVIE, FL 33331 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SIMON, JOSEPH P SIMON, ABRAHAM P Name: Name: Address: 5951 NW 55 MANOR Address: 11220 TRADE WIND WAY City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: COOPER CITY, FL 33026 US

Title: () Delete Title: (X) Change () Addition

KALLADANTHIYIL, SIBY CHANASSERIL, SIBY J Name: Name: Address: 9863 NW 26 PLACE Address: 1301 N 47 TH AVENUE City-St-Zip: SUN RISE, FL 33332 City-St-Zip: HOLLYWOOD, FL 33021 US

Title: () Delete Title: () Change () Addition

OTTAPPALLIL, STEPHEN Name: Name: 11122 BOSTON DR Address: Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip:

() Delete Title: Title: (X) Change () Addition

Name: KURUVILLA, SHEELA Name: MANGATTU, MOLLY 6451 NW 65 TH TERRACE Address: Address: 5031 SW 90 TH AVE City-St-Zip: PARK LAND, FL 33067 City-St-Zip: COOPER CITY, FL 33328 US

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: SIMON ABRAHAM Ρ 05/29/2007