

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 035 \*\*\*\*61.25

**DOCUMENT # N99000003725**

1. Entity Name

ORLANDO POWER STAR CULTURAL ASSOCIATION, INC.



Principal Place of Business

3218 QUEENS GATE ROAD  
ORLANDO FL 32818

Mailing Address

3218 QUEENS GATE ROAD  
ORLANDO FL 32818

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3599438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, LEO  
3218 QUEENS GATE ROAD  
ORLANDO FL 32818

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME JAMES, LEO  
STREET ADDRESS 3218 QUEENS GATE ROAD  
CITY-ST-ZIP ORLANDO FL 32818

TITLE V ☐ Delete  
NAME JONES, LEON  
STREET ADDRESS 6827 NAVADAH BLVD.  
CITY-ST-ZIP ORLANDO FL 32818

TITLE T ☒ Delete  
NAME HAMILTON, JEAN-ELIZABETH  
STREET ADDRESS 2236 WINSLOW CIRCLE  
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE S ☐ Delete  
NAME SAMAROO, JENNIFER  
STREET ADDRESS 923 GILLINGHAM COURT  
CITY-ST-ZIP KISSIMMEE FL 34758

TITLE D ☐ Delete  
NAME MAHABIR, SELWYN  
STREET ADDRESS 316 ASHLEY LOOP  
CITY-ST-ZIP DAVEN PORT FL 33837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME T SINGHAN-SINGH RAMA WARD  
STREET ADDRESS 9710 LK DOUGLAS PL  
CITY-ST-ZIP ORL. FL. 32817

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TRUSTEE ☐ Change ☒ Addition  
NAME GOGGINS RUDOLPH D.  
STREET ADDRESS 5807 LOKEY PR.  
CITY-ST-ZIP ORL. FL. 32610

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/06