

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06264

FILED
Apr 18, 2007
Secretary of State

Entity Name: THE TAMIL CULTURAL ASSOCIATION, INC.

Current Principal Place of Business:

12514 W MIDWAY RD
FT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

12514 W MIDWAY RD
FT PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-0138198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGAPOOLLAY, IAYAHNAR
12706 W MIDWAY RD
FT PIERCE, FL 34945 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: PD () Delete
Name: NAGAPOOLLAY, IAYAHNA, R
Address: 12514 W MIDWAY RD
City-St-Zip: FT PIERCE, FL 34945

Title: S () Delete
Name: HOWARD, PERSAUD
Address: 12706 W MIDWAY RD
City-St-Zip: FT.PIERCE, FL 23945

Title: T () Delete
Name: SUKU, SITA
Address: 3084 NE 5TH AVE
City-St-Zip: WILTON MANORS, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: IAYAHANR NAGAPOOLLAY

D

04/18/2007

Electronic Signature of Signing Officer or Director

Date