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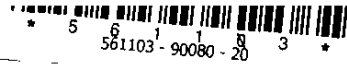
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO6264
1. Corporation Name
THE TAMIL CULTURAL ASSOCIATION, INC

Principal Place of Business Mailing Address
H39 S.W. KESTOR DR
PORT ST. LUCIE
FLORIDA 34953



21	2. Principal Place of Business <u>H39 SW KESTOR DR</u> Suite, Apt. #, etc.	26	2a. Mailing Address <u>H39 SW KESTOR DR</u> Suite, Apt. #, etc.	3.	Date Incorporated or Qualified <u>10-20-84</u>
22	City & State <u>PORT ST. LUCIE FL</u>	27	City & State <u>PORT ST. LUCIE FL</u>	4.	FEI Number <u>65-012348</u>
23	Zip <u>34953</u>	28	Zip <u>34953</u>	5.	Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Country <u>USA</u>	29	Country <u>USA</u>	6.	Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <u>IYAHNAR NAGAPOOLAY</u> <u>H39 S.W. KESTOR DR</u> <u>PORT ST. LUCIE, FLORIDA 34954</u>		10. Name and Address of New Registered Agent	
81	Name <u>IYAHNAR NAGAPOOLAY</u>	85	Zip Code <u>34953</u>
82	Street Address (P.O. Box Number is Not Acceptable) <u>H39 S.W. KESTOR DR</u>		
83	City <u>PORT ST. LUCIE</u>		
84	State <u>FL</u>		

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 IYAHNAR NAGAPOOLAY Iyahnar Nagapoolay DATE 5-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<u>IYAHNAR NAGAPOOLAY</u> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<u>PRESIDENT / DIRECTOR</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>IYAHNAR NAGAPOOLAY</u>	1.2 NAME	<u>IYAHNAR NAGAPOOLAY</u>
STREET ADDRESS	<u>6960 KIMBERLEY BLVD</u>	1.3 STREET ADDRESS	<u>H39 S.W. KESTOR DR</u>
CITY-ST-ZIP	<u>WALTHAM MA 02451</u>	1.4 CITY-ST-ZIP	<u>PORT ST. LUCIE FL 34953</u>
TITLE	<u>CHANDERDAH BHAGOO</u> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<u>SECRETARY / DIRECTOR</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION
NAME	<u>CHANDERDAH BHAGOO</u>	2.2 NAME	<u>GAITARE KALE RAM</u>
STREET ADDRESS	<u>PLANTATION 7L 33318</u>	2.3 STREET ADDRESS	<u>3084 NE 5 AVE.</u>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<u>WILTON MANORS FL 33334</u>
TITLE	<u>MOOKEN NAGAPOOLAY</u> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<u>TREASURER / DIRECTOR</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> ADDITION
NAME	<u>MOOKEN NAGAPOOLAY</u>	3.2 NAME	<u>SITA SUKU</u>
STREET ADDRESS		3.3 STREET ADDRESS	<u>3084 NE 5 AVE.</u>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<u>WILTON MANORS FL 33334</u>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: IYAHNAR NAGAPOOLAY Iyahnar Nagapoolay DATE 5-7-99 DAYTIME PHONE # 561 785-6790

CR2E037 (11/98)