

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009299

FILED
Apr 21, 2009
Secretary of State

Entity Name: P.A.N.I. FOUNDATION, INC.

Current Principal Place of Business:

201 N FRANKLIN STREET STE 2000
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 N FRANKLIN STREET STE 2000
TAMPA, FL 33602

New Mailing Address:

FEI Number: 26-3574876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANNIS, NATALIE C
201 N FRANKLIN STREET STE 2000
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Change (X) Addition
Name: GUNTER, KRISTEN C
Address: 201 NORTH FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: PD () Change (X) Addition
Name: MITTAL, POONAM
Address: 201 NORTH FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: VPD () Change (X) Addition
Name: PURI, AJAI
Address: 201 NORTH FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

Title: D () Change (X) Addition
Name: BEALE, MICHELLE
Address: 201 NORTH FRANKLIN STREET, SUITE 2000
City-St-Zip: TAMPA, FL 33602

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: POONAM MITTAL

P

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date