2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008
Secretary of State

DOCUMENT# N07000003605

Entity Name: CHANAMOLU CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

3463 N. RIDE CIRCLE ST
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

3463 N. RIDE CIRCLE ST
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-8688467 **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:

CHANAMOLU, LISA M
3463 N. RIDE CIRCLE ST
JACKSONVILLE, FL 32223 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:	P	( ) Delete
Name:	CHANAMOLU, LISA M	
Address:	433 BUCKEYE LANE EAST	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	S	( ) Delete
Name:	CEFARATTI, PAM	
Address:	3463 N. RIDE CIRCLE ST	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	D	( ) Delete
Name:	CHANAMOLU, DALAYI	
Address:	433 BUCKEYE LANE EAST	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	D	( ) Delete
Name:	WALLACE, LISA	
Address:	5242 RIVER PARK VILLAS DR	
City-St-Zip:	ST. AUGUSTINE, FL 32092	
Title:	T	( ) Delete
Name:	SAKUMARU, SURESH	
Address:	10606 COLLETTE AVE	
City-St-Zip:	GRANADA HILL, CA 91344	
Title:	D	( ) Delete
Name:	BLAIR, ROBERT	
Address:	9858 KEENES MILL RD	
City-St-Zip:	COTTONDALE, AL 35453	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	CHANAMOLU, LISA M	
Address:	3463 N. RIDE CIRCLE ST	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	CHANAMOLU, BALAJI	
Address:	3463 N. RIDE CIRCLE ST	
City-St-Zip:	JACKSONVILLE, FL 32223	
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 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: LISA M. CHANAMOLU P 08/25/2008

Electronic Signature of Signing Officer or Director — Date