

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000010080

**Entity Name:** GEOED FOUNDATION INC.

**Current Principal Place of Business:**

563 PECK AVENUE  
FORT MYERS, FL 33919

**Current Mailing Address:**

563 PECK AVENUE  
FORT MYERS, FL 33919

**FEI Number: 81-4139587**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NANDUR, SRINIVASKUMAR U  
563 PECK AVENUE  
FORT MYERS, FL 33919 US

*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

**Officer/Director Detail :**

Title D  
Name NANDUR, SRINIVASKUMAR U  
Address 563 PECK AVENUE  
City-State-Zip: FORT MYERS FL 33919

Title D  
Name CHANDRASEKARAN, GAYATHRI  
Address 5457 KARLSBURG PLACE  
City-State-Zip: PALM HARBOR FL 34685

Title D  
Name MENON, KARAN  
Address 24 ROLLING BROOK DR  
City-State-Zip: EDISON NJ 08820

Title D  
Name REKULAPELLI, AKHIL  
Address 23211 HEMMINGFORD CIRCLE  
City-State-Zip: DULLES VA 20166

Title DIRECTOR  
Name KAPAGANTY, SRINIVAS  
Address 3920 RIVERGLEN CIRCLE  
City-State-Zip: SUWANEE GA 30024

Title DIRECTOR  
Name NARAYANAN, VIJAYKRISHNAN  
Address 1284 NORTHAMPTON ST  
City-State-Zip: STATE COLLEGE PA 16803

Title DIRECTOR  
Name YARLAGADDA, SHRIYA SAI  
Address 622 CHARING CROSS DRIVE  
City-State-Zip: GRAND BLANC MI 48439

Title DIRECTOR  
Name BUDDHIKOT, ANOUSHKA  
Address 249 WINDMILL COURT  
City-State-Zip: BRIDGEWATER NJ 08807

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: SRINIVASKUMAR U. NANDUR**

**DIRECTOR**

**06/30/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MALLANNA, ATREYA  
Address        9 FIFER LANE  
City-State-Zip: LEXINGTON MA 02420

Title           DIRECTOR  
Name           KANMADIKAR, PRANAV  
Address        9401 TRUSCOTT FALLS DRIVE  
City-State-Zip: LOUISVILLE KY 40059