

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000010790

Entity Name: MASTER FAMILY FOUNDATION CORPORATION**Current Principal Place of Business:**2530 ULYSSES RD
TALLAHASSEE, FL 32312**Current Mailing Address:**2530 ULYSSES RD
TALLAHASSEE, FL 32312**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASTER, PARESH
2530 ULYSSES RD
TALLAHASSEE, FL 32312 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	P
Name	MASTER, KHYATI
Address	2530 ULYSSES RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	MASTER, AVIN
Address	2530 ULYSSES RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	VP
Name	MASTER, ANUJ
Address	2530 ULYSSES RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	SEC
Name	MASTER, PARESH
Address	2530 ULYSSES RD
City-State-Zip:	TALLAHASSEE FL 32312

Title	MEM
Name	MASTER, ROHAN
Address	2530 ULYSSES RD
City-State-Zip:	TALLAHASSEE FL 32312

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: PARESH MASTER**SECRETARY****06/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date