

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000004399

**FILED**  
**Jan 14, 2016**  
**Secretary of State**  
**CC7197094856**

**Entity Name:** THAKKAR FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3581 S HIGHLANDS AVE  
SEBRING, FL 33870

**Current Mailing Address:**

3581 S HIGHLANDS AVE  
SEBRING, FL 33870

**FEI Number: 59-3204990**

**Certificate of Status Desired: No**

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

CF REGISTERED AGENT, INC.  
100 S. ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 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 PD  
Name THAKKAR, VINOD CMD  
Address 3581 S HIGHLANDS AVE  
City-State-Zip: SEBRING FL 33870

Title SD  
Name THAKKAR, TARLIKA MD  
Address 3581 S HIGHLANDS AVE  
City-State-Zip: SEBRING FL 33870

Title VD  
Name THAKKAR, VIPUL  
Address 11718 SMART LANE  
City-State-Zip: CHARLOTTE NC 28277

Title VD  
Name BACHMAN, RADHA  
Address 1107 S. DUNBAR AVENUE  
City-State-Zip: TAMPA FL 33629

*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: VINOD THAKKAR**

**OWNER**

**01/14/2016**

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

\_\_\_\_\_  
Date