

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005432

1. Entity Name

**ANILA SARSWATI AND PARMANAND VIJAY POONAI
CHARITABLE FOUNDATION, INC.**



Principal Place of Business

**103 SUNSET CIR.
PORT ST. JOE FL 32456**

Mailing Address

**103 SUNSET CIR.
PORT ST. JOE FL 32456**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1792596

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POONAI, PARMANAND
103 SUNSET CIR.
PORT ST. JOE FL 32456**

Name

Street Address (P. O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME POONAI, ANILA
STREET ADDRESS 103 SUNSET CIRCLE
CITY- ST- ZIP PORT SAINT JOE FL 32456 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
**U000000218889
02/08/05-80006-016 61.25**

TITLE VSTD
NAME POONAI, PARMANAND V
STREET ADDRESS 103 SUNSET CIRCLE
CITY- ST- ZIP PORT SAINT JOE FL 32456 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D
NAME JASWA, RAJEN
STREET ADDRESS 20972 HIDDEN VIEW LANE
CITY- ST- ZIP SARATOGA CA 95070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Delete

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CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anila Poonai **ANILA POONAI**

2-3-05 (250) 229-8288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #