

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005663

FILED
Mar 19, 2009
Secretary of State

Entity Name: "MA" KRUPA CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

150 LANSING ISLAND DRIVE
INDIAN HARBOR BEACH, FL 32937

New Principal Place of Business:

Current Mailing Address:

150 LANSING ISLAND DRIVE
INDIAN HARBOR BEACH, FL 32937

New Mailing Address:

FEI Number: 59-3738045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONI, MAHESH M
2194 HWY A1A
201
INDIAN HARBOR BEACH, FL 32937 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: PD () Delete
Name: PATEL, VINUBHAI
Address: 150 LANSING ISLAND DRIVE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: VPD () Delete
Name: SONI, MAHESH M M.D.
Address: 2194 HWY A1A #201
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: SD () Delete
Name: PATEL, SANGIV
Address: 306 RIO VILLA BLVD.
City-St-Zip: INDIALANTIC, FL 32903

Title: BD () Delete
Name: PATEL, VINUBHAI
Address: 150 LANSING ISLAND DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: BD () Delete
Name: MAHESH, SHAH
Address: 2194 HWA A1A 201
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD () Delete
Name: MANHAR, SHAH
Address: 603 JASMINE DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MAHESH M.SONI

VPD

03/19/2009

Electronic Signature of Signing Officer or Director

Date