



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009660			
1. Entity Name SNEHA & PAUL FAMILY CHARITABLE FOUNDATION, INC.			
Principal Place of Business 912 E FLETCHER AVE TAMPA, FL 33612		Mailing Address 912 E FLETCHER AVE TAMPA, FL 33612	
DO NOT WRITE IN THIS SPACE			
		 04102006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 05-0544715	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent COLLADO, DARON M PA 14479 BRUCE B DOWNS BLVD TAMPA, FL 33613		DO NOT WRITE IN THIS SPACE	
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, PAUL P 2220 CLIMBING IVY DR TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, SNEHA T 2220 CLIMBING IVY DR TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOERING, DEBORAH L 12704 ALLENDALE LN TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>x [Signature]</i>		<i>04/14/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	