

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 A
Secretary of State

DOCUMENT # N04000011912

1. Entity Name

SONNI FAMILY FOUNDATION, INC.



Principal Place of Business

2921 LAKEVIEW DRIVE
SEBRING, FL 33870

Mailing Address

2921 LAKEVIEW DRIVE
SEBRING, FL 33870



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2015095

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SONNI, RAJESWARI
2921 LAKEVIEW DRIVE
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SONNI, RAJESWARI
STREET ADDRESS	2921 NE LAKEVIEW DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	DVP
NAME	SONNI, ASHOK
STREET ADDRESS	2921 NE LAKEVIEW DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	SONNI, SMITHA
STREET ADDRESS	4201 CATHEDRAL AVE., NW, STE. 622E
CITY-ST-ZIP	WASHINGTON, DC 20016
TITLE	D
NAME	SONNI, SEAN S.
STREET ADDRESS	2921 NE LAKEVIEW DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	RADHAKRISHNA, SANDYA
STREET ADDRESS	7834 ROBINDEL WAY
CITY-ST-ZIP	CUPERTINO, CA 95014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/08

863-385-2222