

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011912

FILED
Apr 30, 2009
Secretary of State

Entity Name: SONNI FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2921 LAKEVIEW DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

2921 LAKEVIEW DRIVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 20-2015095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SONNI, RAJESWARI
2921 LAKEVIEW DRIVE
SEBRING, FL 33870 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: DPST () Delete
Name: SONNI, RAJESWARI
Address: 2921 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: DVP () Delete
Name: SONNI, ASHOK
Address: 2921 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: SONNI, SMITHA
Address: 4201 CATHEDRAL AVE., NW, STE. 622E
City-St-Zip: WASHINGTON, DC 20016

Title: D () Delete
Name: SONNI, SEAN S.
Address: 2921 NE LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: RADHAKRISHNA, SANDYA
Address: 7834 ROBINDEL WAY
City-St-Zip: CUPERTINO, CA 95014

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:

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: RAJESWARI SONNI

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date