

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007511

FILED  
May 23, 2007  
Secretary of State

**Entity Name:** GOEL FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

148 MARSHSIDE DR  
ST AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

148 MARSHSIDE DR  
ST AUGUSTINE, FL 32080

**New Mailing Address:**

24 CATHEDRAL PLACE  
SUITE 203  
ST AUGUSTINE, FL 32084

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GOEL, MUKESH  
148 MARSHSIDE DR  
ST AUGUSTINE, FL 32080 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: TP ( ) Delete  
Name: GOEL, MUKESH  
Address: 148 MARSHSIDE DR  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TST ( ) Delete  
Name: GOEL-GUPTA, MANJU  
Address: 148 MARSHSIDE DR  
City-St-Zip: ST AUGUSTINE, FL 32080

Title: TV ( ) Delete  
Name: GUPTA, RAMESH  
Address: 10914 PRINCEVILLE CT  
City-St-Zip: BAKERSFIELD, CA 93311

**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:

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: MUKESH GOEL

P

05/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date