2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007511

FILED Mar 30, 2009 Secretary of State

Entity Name: GOEL FAMILY FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 148 MARSHSIDE DR ST AUGUSTINE, FL 32080 **Current Mailing Address: New Mailing Address:** 24 CATHEDRAL PLACE 6710 OLD WOLF BAY ROAD SUITE 203 PALATKA, FL 32177 ST AUGUSTINE, FL 32084 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOEL, MUKESH 148 MARSHSIDE DR ST AUGUSTINE, FL 32080 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GOEL, MUKESH Name: Name: Address: 148 MARSHSIDE DR Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: Title: TST () Delete Title: () Change () Addition GOEL-GUPTA, MANJU Name: Name: Address: 148 MARSHSIDE DR Address: City-St-Zip: ST AUGUSTINE, FL 32080 City-St-Zip: Title: () Delete Title: () Change () Addition GUPTA, RAMESH Name: Name: 10914 PRINCEVILLE CT Address: Address: City-St-Zip: BAKERSFIELD, CA 93311 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 TP 03/30/2009