

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010357

FILED
Apr 20, 2009
Secretary of State

Entity Name: NADIAD CITIZEN FOUNDATION, INC.

Current Principal Place of Business:

4698 W US 192
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

4698 W US 192
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 33-1186302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, CHIRAG J
4698 W US 192
KISSIMMEE, FL 34746 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: P () Delete
Name: PATEL, CHIRAG J
Address: 4698 W US 192
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: DESAI, JIGNESH J
Address: 26 E SARAGEN DR
City-St-Zip: MIDDLETOWN, DL 19709

Title: TRES () Delete
Name: PATEL, VISHVESH J
Address: 2017 NEPTUNE RD
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: PATEL, MEHUL K
Address: 230 MIMOSA DR
City-St-Zip: THOMASVILLE, GA 31792

Title: D () Delete
Name: DESAI, RUPEN V
Address: 14803 ASHFORD CIR
City-St-Zip: LAUREL, MD 20707

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: C J

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date