

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21603

FILED
Mar 22, 2005
Secretary of State

Entity Name: KARVE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2091 SW 55TH ST. RD.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

2091 SW 55TH ST. RD.
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2849765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARVE, N R
2091 SW 55TH ST RD
OCALA, FL 34474 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: C () Delete
Name: KARVE, NANDKUMAR R.,
Address: 2091 S.W. 55TH ST. RD
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: KARVE, PRITI N.,
Address: 2091 S.W. 55TH ST. RD
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: KARVE, ASHISHI N.,
Address: 4050 BRITT RD
City-St-Zip: MOUNT DORA, FL 32757

Title: D () Delete
Name: POORTI, KARVE
Address: 3025 S HWY 475
City-St-Zip: OCALA, FL 34480

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANDKUMAR KARVE

C

03/22/2005

Electronic Signature of Signing Officer or Director

Date