2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N21603

Entity Name: KARVE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

2091 SW 55TH ST. RD.
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

2091 SW 55TH ST. RD.
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-2849765 **FEI Number Applied For ( )** **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:

KARVE, N R
2091 SW 55TH ST RD
OCALA, FL 34471 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 34471

Title: D ( ) Delete
Name: KARVE, PRITI N.
Address: 2091 S.W. 55TH ST. RD
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete
Name: KARVE, ASHISHI N.
Address: 33435 E.LAKE JOANNA DRIVE
City-St-Zip: EUSTIS, FL 32736

Title: D ( ) Delete
Name: POORTI, RILEY K
Address: 13025 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 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: NANDKUMAR KARVE C 06/16/2009

Electronic Signature of Signing Officer or Director — Date