

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48095

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE NAGDA FOUNDATION, INC.

Current Principal Place of Business:

150 SE 17TH ST
#400
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

439 SW 45TH STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-3112974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAGDA, RASIKLAL D
150 SE 17TH ST
#400
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: PD () Delete
Name: NAGDA, RASIKLAL D,
Address: 439 S.W. 45TH STREET
City-St-Zip: OCALA, FL 34474

Title: STD () Delete
Name: NAGDA, HARSHADA R,
Address: 439 S.W. 45TH STREET
City-St-Zip: OCALA, FL 34474

Title: VD () Delete
Name: MARU, HANS,
Address: 7 TAILING RIDGE RD
City-St-Zip: BROOKFIELD, CT

Title: D () Delete
Name: NANDU, RAMESH,
Address: 18123 BLUE LAKE WAY
City-St-Zip: BOCA RATON, FL

Title: D () Delete
Name: SHAH, HEENA
Address: 514 SPRING CLUB DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: NAGDA RASIKLAL D

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date