

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000519

FILED
Feb 26, 2009
Secretary of State

Entity Name: POORNIMA AND AVINASH CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

3131 S RIDGEWOOD AVENUE
OFFICE
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

3131 S RIDGEWOOD AVENUE
OFFICE
SOUTH DAYTONA, FL 32119 US

New Mailing Address:

FEI Number: 59-3223455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLINGER, GLORIA
C/O AVINASH GUPTA
3131 S RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119 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: GUPTA, AVINASH
Address: 3131 S RIDGEWOOD AVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: D () Delete
Name: GUPTA, AVINASH
Address: 3131 S RIDGEWOOD AVE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: STD () Delete
Name: SHARMA, MANJU
Address: 132-05 AVERY AVE
City-St-Zip: FLUSHING, NY 11355

Title: VP () Delete
Name: POORNIMA, GUPTA
Address: 3131 S. RIDGEWOOD AVE
City-St-Zip: S. DAYTONA, FL

Title: D () Delete
Name: POLINGER, GLORIA
Address: 3131 S. RIDGEWOOD AVE #101
City-St-Zip: S. DAYTONA, FL

Title: D () Delete
Name: RASHMIN, MEHTA
Address: 136-25 37 AVE
City-St-Zip: FLUSHING, NY

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:

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: AVINASH GUPTA

TRUS

02/26/2009

Electronic Signature of Signing Officer or Director

Date