2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004384

Title:

Name:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: MAHESHWAR CHARITABLE FOUNDATION, INC.

FILED Mar 31, 2009 Secretary of State

Current Pr	incipal Place o	f Business:	New Principal Place of Business:		
2370 TREETOP CT MELBOURNE, FL 32934			2370 TREETOP CT MELBOURNE, FL 32934 US		
Current Mailing Address:			New Mailing Address:		
4107 SPARROW HAWK RD MELBOURNE, FL 32934			4107 SPARROW HAWK RD MELBOURNE, FL 32934 US		
FEI Number: 59-3405967 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KAPOOR, SHEILA S 4107 SPARROW HAWK RD MELBOURNE, FL 32934 US					
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () D KAPOOR, K DEEK 4107 SPARROW MELBOURNE, FL	PAK HAWK RD	Name: Address:	D (X KAPOOR, K DE 4107 SPARRO MELBOURNE,	W HAWK RD
Title: Name: Address: City-St-Zip:	D () D KAPOOR, SHEILA 4107 SPARROW MELBOURNE, FL	HAWK RD	Name: Address:	D (X KAPOOR, SHE 4107 SPARRO MELBOURNE,	W HAWK RD
Title: Name: Address: City-St-Zip:	D () D SAINI, DALJIT S 2370 TREETOP C MELBOURNE, FL	PT .	Name: Address:	D (X SAINI, DALJIT 2370 TREETOI MELBOURNE,	P CT
Title: Name: Address: City-St-Zip:	D () D KUSHNER, HARO 2910 RIVER POIN DAYTONA BEACH	LD MD IT DR	Name: Address:	KUSHNER, HAI 2910 RIVER PO	

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: SHEILA S. KAPOOR D 03/31/2009

() Delete

() Delete

KASHKARI, SHEILA MD

1358 RERKSHIRE RD

STOW, OH 44224

(X) Change () Addition

() Change (X) Addition

CANCER CARE CENTER, 1430 S PINE ST.

KASHKARI, SHEILA MD

1358 BERKSHIRE RD

STOW, OH 44224 US

CHARLES, SILAS MD

MELBOURNE, FL 32901 US