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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000006444

1. Corporation Name

LALIT K. & ANUBHA GUPTA FAMILY FOUNDATION, INC.

Principal Place of Business

3520 SHORELINE CIRCLE
 PALM HARBOR FL 34684

Mailing Address

5453 GULF DRIVE
 SUITE #3
 NEW PORT RICHEY FL 34684
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

12/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3414979

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASSMAN, ALAN S
 1245 COURT STREET, STE. 102
 CLEARWATER FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
 NAME GUPTA, LALIT K
 STREET ADDRESS 3520 SHORELINE CIRCLE
 CITY-ST-ZIP PALM HARBOR FL

1.1 TITLE D Change Addition
 1.2 NAME GUPTA, ADITI
 1.3 STREET ADDRESS 3520 SHORELINE CIRCLE
 1.4 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE DS DELETE
 NAME GUPTA, ANUBHA
 STREET ADDRESS 3520 SHORELINE CIRCLE
 CITY-ST-ZIP PALM HARBOR FL

2.1 TITLE D Change Addition
 2.2 NAME GUPTA, ANJNA
 2.3 STREET ADDRESS 2204 HAZEL DELL RD
 2.4 CITY-ST-ZIP SPRINGFIELD, IL 62703

TITLE D DELETE
 NAME GUPTA, ARJUN
 STREET ADDRESS 3520 SHORELINE CIRCLE
 CITY-ST-ZIP PALM HARBOR FL 34684

3.1 TITLE D Change Addition
 3.2 NAME GUPTA, VAANI
 3.3 STREET ADDRESS 3520 SHORELINE CIRCLE
 3.4 CITY-ST-ZIP PALM HARBOR, FL 34684

TITLE D DELETE
 NAME GUPTA, SUNDEEP
 STREET ADDRESS 123 HOMESTEAD
 CITY-ST-ZIP SALINAS CA

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lalit K. Gupta
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUPTA, PRES. 2-1-99

727-847-2214

Date

Daytime Phone #

CR2E037 (1/198)