

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006444

FILED
Feb 04, 2009
Secretary of State

Entity Name: LALIT K. & ANUBHA GUPTA FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3520 SHORELINE CIR
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3520 SHORELINE CIR
PALM HARBOR, FL 34684 US

New Mailing Address:

3520 SHORELINE CIR
PALM HARBOR, FL 34684

FEI Number: 59-3414979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULECAS, JAMES F
1968 BAYSHORE BLVD
DUNEDIN, FL 34698 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: DP () Delete
Name: GUPTA, LALIT K
Address: 3520 SHORELINE CIR
City-St-Zip: PALM HARBOR, FL 34684

Title: DS () Delete
Name: GUPTA, ANUBHA
Address: 3520 SHORELINE CIR
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: GUPTA, ARJUN
Address: 3520 SHORELINE CIR
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: GUPTA, ADITI
Address: 3520 SHORELINE CIR
City-St-Zip: PALM AHRBOR, FL 34684

Title: D () Delete
Name: GUPTA, VAANI
Address: 3520 SHORELINE CIR
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: GUPTA, ANJNA
Address: 3505 DEER RUN DRIVE
City-St-Zip: SPRINGFIELD, IL 62707

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: LALIT K GUPTA

D/P

02/04/2009

Electronic Signature of Signing Officer or Director

Date