

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N99000004673

1. Entity Name  
SATHI AND SARAVANA RAJAN FOUNDATION, INC.



Principal Place of Business  
2398 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND, FL 32952

Mailing Address  
2398 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND, FL 32952

**FILED**  
**Jun 16, 2008 08:00 AM**  
**Secretary of State**



06102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3593456

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAJAN, SARAVANA  
2398 NEWFOUND HARBOR DRIVE  
MERRITT ISLAND, FL 32952

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RAJAN, SARAVANA
STREET ADDRESS	2398 NEWFOUND HARBOR DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	RAJAN, SATHI
STREET ADDRESS	2398 NEWFOUND HARBOR DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	RAJAN, SUDHIR
STREET ADDRESS	2398 NEWFOUND HARBOR DRIVE
CITY - ST - ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000953177  
06/16/08-80002-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/08

Date

Daytime Phone #

321-636-0840