

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005432

Entity Name: ANILA SARSWATI AND PARMANAND VIJAY POONAI
CHARITABLE FOUNDATION, INC.**FILED**
Feb 21, 2021
Secretary of State
5650721956CC**Current Principal Place of Business:**2723 EAGLE CLIFF DR
KISSIMMEE, FL 34746**Current Mailing Address:**2723 EAGLE CLIFF DR
KISSIMMEE, FL 34746 US**FEI Number: 31-1792596****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**POONAI, PARMANAND V DR.
2723 EAGLE CLIFF DR
KISSIMMEE, FL 34746 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: PARMANAND POONAI****02/21/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PDTS
Name	POONAI, PARMANAND V DR.
Address	2723 EAGLE CLIFF DR
City-State-Zip:	KISSIMMEE FL 34746

Title	D
Name	SHIVDARSAN, HEMRAJ
Address	1912 SAWFISH DRIVE
City-State-Zip:	KISSIMMEE FL 34759

Title	D
Name	JASWA, RAJEN
Address	20972 HIDDEN VIEW LANE
City-State-Zip:	SARATOGA CA 95070

Title	D
Name	POONAI, PREMNATH
Address	108 ELLENDALE DRIVE
City-State-Zip:	SCARBOROUGH ONTARIO M1P1P1

Title	DIRECTOR
Name	POONAI, VISHWMITR DR.
Address	70 RIVERVIEW DR
City-State-Zip:	ORMOND BEACH FL 32174

Title	DIRECTOR
Name	DEONARAIN, INDERJEET
Address	12 INCONNU DR
City-State-Zip:	POINCIANA FL 34759

I hereby 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 all other like empowered.

SIGNATURE: POONAI, PARMANAND, V, DR.**PRESIDENT****02/21/2021**

Electronic Signature of Signing Officer/Director Detail

Date