

2-26-98 B 2583 C
FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36953** (0)
1. Corporation Name
ISKCON OF GAINESVILLE INC.



Principal Place of Business 214 NW 14TH ST. 214 NW 14TH ST GAINESVILLE FL 32603 US	Mailing Address 214 NW 14TH ST. 214 NW 14TH ST GAINESVILLE FL 32603 US
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3. Date Incorporated or Qualified 03/02/1990	
4. FEI Number 59-3080780	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, DAVID K.
214 NW 14TH ST.
GAINESVILLE FL 32603**

81 Name Scott McGregor	
82 Street Address (P.O. Box Number is Not Acceptable) 214 NW 14TH ST	
83 Gainesville, FL	
84 City FL	85 Zip Code 32603

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 *Scott McGregor* **Scott McGregor** **2-21-98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition	
NAME MABIN, ROBERT		1.2 NAME	
STREET ADDRESS 214 NW 14TH ST		1.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		1.4 CITY-ST-ZIP	
TITLE D	☒ DELETE	2.1 TITLE ☐ Change ☒ Addition	
NAME WALKER, DAVID		2.2 NAME McGregor, Scott	
STREET ADDRESS 214 N.W. 14TH ST		2.3 STREET ADDRESS 214 NW 14TH ST	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP Gainesville, FL	
TITLE SD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition	
NAME COHEN, ROBERT		3.2 NAME	
STREET ADDRESS 1515 N.W. 7TH PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Scott McGregor* **2-21-98** **336-4183**
(352)

CR2E037 (1097)