## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N36953

FILED Jan 22, 2007 Secretary of State

Entity Name: ISKCON OF GAINESVILLE INC.

Entity Nar	me: ISKCON C	OF GAINESVILLE INC.			
Current Principal Place of Business:			New Prince	New Principal Place of Business:	
214 NW 14 214 NW 14 GAINESVI		US			
Current Mailing Address:			New Maili	New Mailing Address:	
214 NW 14 214 NW 14 GAINESVI		US			
FEI Number:	: 59-3080780	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:	
MABIN, RO 214 NW 14 GAINESVI		US			
	named entity s e of Florida.	ubmits this statement for the pu	urpose of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () I MABIN, ROBERT 214 NW 14TH S' GAINESVILLE, F	T .	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition MABIN, ROBERT 214 NW 14TH ST GAINESVILLE, FL	
Title: Name: Address: City-St-Zip:	D () I MCGREGOR, SO 214 NW 14TH S' GAINESVILLE, F	Т	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ALLIN, GAURA SAKTI DR. 13605 NW CR 235 #101 ALACHUA, FL 32615	
Title: Name: Address: City-St-Zip:	SD () COHEN, ROBER 1515 N.W. 7TH F GAINESVILLE, F	PLACE	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition COHEN, ROBERT 1515 N.W. 7TH PLACE GAINESVILLE, FL	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition KASEDER, JAYA RADHE PO BOX 283 ALACHUA, FL 32615 US	
Title: Name: Address: City-St-Zip:	( )!	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition ITHIKKAT, ANIL 10517 NW 149TH PLACE ALACHUA, FL 32615 US	

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL WOODHAM CEO 01/22/2007