

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N36953

FILED
Nov 24, 2009
Secretary of State

Entity Name: ISKCON OF GAINESVILLE INC.

Current Principal Place of Business:

214 NW 14TH ST.
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

214 NW 14TH ST.
GAINESVILLE, FL 32603 US

New Mailing Address:

FEI Number: 59-3080780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MABIN, ROBERT
214 NW 14TH ST
GAINESVILLE, FL 32603 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: ROBERT MABIN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MABIN, ROBERT
Address: 214 NW 14TH ST
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: ALLIN, GAURA SAKTI DR.
Address: 13605 NW CR 235 #101
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: COHEN, ROBERT
Address: 1515 N.W. 7TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: KASDER, JAYA RADHE
Address: PO BOX 283
City-St-Zip: ALACHUA, FL 32615 US

Title: D (X) Delete
Name: ITHIKKAT, ANIL
Address: 10517 NW 149TH PLACE
City-St-Zip: ALACHUA, FL 32615 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOODHAM, CARL
Address: 208 NW 14TH ST.
City-St-Zip: GAINESVILLE, FL 32603

Title: D (X) Change () Addition
Name: COHEN, ROBERT
Address: 1515 N.W. 7TH PLACE
City-St-Zip: GAINESVILLE, FL 32603

Title: D (X) Change () Addition
Name: ITHIKKAT, ANIL
Address: 10517 NW 149TH PLACE
City-St-Zip: ALACHUA, FL 32615 US

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: CARL WOODHAM

D

11/24/2009

Electronic Signature of Signing Officer or Director

Date