

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40499** (8)

1. Corporation Name

VAISHNAVA CULTURAL SOCIETY, INC.



Principal Place of Business

Mailing Address

RT 2 BOX 254-C
ALACHUA FL 32615

RT 2 BOX 254-C
ALACHUA FL 32615

3. Date Incorporated or Qualified
10/22/1990

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **18925 CR 239**

26 **18925 CR 239**

4. FEI Number
59-3035199

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **N/A**

27 **N/A**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23 **Alachua FL**

28 **Alachua, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **32615**

25 **USA**

29 **32615**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDA HICKEY
RT 2 BOX 254-C
SR 239
ALACHUA FL 32615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

18925 CR 239

83

84 City

Alachua FL

FL

85 Zip Code
32615

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 *Linda Hickey*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/22/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MAGER, MICHAEL	
STREET ADDRESS	RT 2 BOX 23 A	
CITY-ST-ZIP	ALACHUA FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	LINDA HICKEY	
STREET ADDRESS	RT 2 BOX 254-C	
CITY-ST-ZIP	ALACHUA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIZABETH ROMEO	
STREET ADDRESS	RT 2 BOX 254-C	
CITY-ST-ZIP	ALACHUA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	18925 CR 239
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	18925 CR 239
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Linda Hickey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96 **904 462-1872**
Date Daytime Phone #

CR2E037 (12/95)