


FILE NOW: FILING FEE IS \$61.25

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98 JUN -5 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N40499
1. Corporation Name
VAISHNAVA CULTURAL SOCIETY, INC

Principal Place of Business: **18925 CR 239 ALACHUA, FL 32615**
Mailing Address: **18925 CR 239 ALACHUA FL 32615**

3. Date Incorporated or Qualified: **10.22.90**
4. FEI Number: **59-3035919**
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

2. Principal Place of Business: **17818 NW 112th Blvd**
2a. Mailing Address: **17818 NW 112th Blvd**
21. Suite, Apt. #, etc.:
22. City & State: **ALACHUA FL**
23. Zip: **32615**
24. Country:
25. City & State: **ALACHUA FL**
26. Zip: **32615**
27. Country:

9. Name and Address of Current Registered Agent
**LINDA HICKEY
18925 CR 239
ALACHUA FL 32615**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAGER, MICHAEL	
STREET ADDRESS	RT 2 BOX 23A	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	LINDA HICKEY	
STREET ADDRESS	18925 CR 239	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELIZABETH ROMEO	
STREET ADDRESS	18925 CR 239	
CITY-ST-ZIP	ALACHUA, FL 32615	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT MABIN	
1.3 STREET ADDRESS	17818 NW 112th Blvd	
1.4 CITY-ST-ZIP	ALACHUA FL 32615	
2.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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		

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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: Robert J. Mabin / Robert J. Mabin 6.3.98 (904) 4625248

CR2E037 (10/97)