

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 20, 2007
Secretary of State**

DOCUMENT# N40499

Entity Name: VAISHNAVA CULTURAL SOCIETY, INC.

Current Principal Place of Business:

18925 CR 239
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

18925 CR 239
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 59-3035199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEY, LINDA DIRECTO
18925 CR 239
ALACHUA, FL 32615 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VCD () Delete
Name: HICKEY, LINDA
Address: 18925 CR 239
City-St-Zip: ALACHUA, FL 32615 US

Title: DST () Delete
Name: ROMEO, ELIZABETH
Address: 18925 CR 239
City-St-Zip: ALACHUA, FL

Title: D () Delete
Name: SPELLMAN, MADHU A
Address: 15206 NW 89TH ST.
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: LINDA HICKEY

VCD

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date