

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90426 004 ****61.25

DOCUMENT # N93000002330

1. Entity Name

TEMPLE OF LORD CHAITANYA, INC.

Principal Place of Business

9409 NW 143rd St.
~~9131 222ND AVENUE~~
ALACHUA FL 32615
US

Mailing Address

P.O. BOX 2121
ALACHUA FL 32616-2121

2. Principal Place of Business

9409 N.W. 143rd St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

Alachua, FL

City & State

Zip

Country

Zip

Country

32615

4. FEI Number

59-3331782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCREEDY, DAN
~~9131 222ND AVENUE~~
ALACHUA FL 32615

9409 N.W. 143rd St.

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

DAN MCCREEDY

Dan McCree

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCDONOUGH, JAMES E J	
STREET ADDRESS	4718 WINGROVE BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCREEDY, DAN	
STREET ADDRESS	9131 222ND AVENUE	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEELE, MARILYN	
STREET ADDRESS	9131 222ND AVENUE	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAN MCCREEDY

4-24-00

904 418 1176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)