

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90186 050 ****61.25

DOCUMENT # N93000002330

1. Entity Name

TEMPLE OF LORD CHAITANYA, INC. ✓

Principal Place of Business

Mailing Address

9409 NW 143RD ST
 ALACHUA FL 32615
 US

P.O. BOX 2121
 ALACHUA FL 32616

2. Principal Place of Business

9409 NW 143rd st

3. Mailing Address

PO 2121

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Alachua, FL

City & State
 Alachua, FL

4. FEI Number

59-3331782

Applied For
 Not Applicable

Zip
 32615

Country
 AL

Zip
 32616

Country
 AL

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCREEDY, DAN
 9409 N.W. 143RD ST
 ALACHUA, FL 32615

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MCDONOUGH, JAMES E J	
STREET ADDRESS	4718 WINGROVE BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREEDY, DAN	
STREET ADDRESS	9409 NW 143RD ST	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEELE, MARILYN	
STREET ADDRESS	9131 222 ROAD	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIDNEY MCCREEDY 7-30-02 386481126

CR2E037 (4/02)