

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 11, 2003 8:00 am**  
**Secretary of State**

06-11-2003 90061 021 \*\*\*\*61.25

**DOCUMENT # N93000002330**

1. Entity Name  
**TEMPLE OF LORD CHAITANYA, INC.**



Principal Place of Business

**9409 NW 143RD ST  
ALACHUA FL 32615  
US**

Mailing Address

**P.O. BOX 2121  
ALACHUA FL 32616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3331782**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



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

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

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  Delete  
NAME **MCDONOUGH, JAMES E J**  
STREET ADDRESS **4718 WINGROVE BLVD**  
CITY-ST-ZIP **ORLANDO FL 32819**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  Delete  
NAME **MCCREEDY, DAN**  
STREET ADDRESS **9409 NW 143RD ST**  
CITY-ST-ZIP **ALACHUA FL 32615**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  Delete  
NAME **STEELE, MARILYN**  
STREET ADDRESS **9131 222 ROAD**  
CITY-ST-ZIP **ALACHUA FL 32615**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
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CITY-ST-ZIP

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Change  Addition  
TITLE  
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*  
**DAN MCCREEDY**

6-9-03 418 1126

CR2E037 (10/02)