

DOCUMENT # N94000002038

1. Entity Name

ISKCON CONVENTION OF TEMPLES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90260 041 ****61.25

Principal Place of Business

Mailing Address

PO BOX 1119
ALACHUA FL 32615

PO BOX 1119
ALACHUA FL 32616-1119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO BOX 1378

3. Mailing Address

PO BOX 1378

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

4. FEI Number

59-3238808

Applied For

Not Applicable

Zip

32616

Country

USA

Zip

32616

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KHURANA, NAVEEN
18107 NW CR 239
ALACHUA FL 32615

7. Name and Address of New Registered Agent

Name MARVIN W. BINGHAM JR.

Street Address (P.O. Box Number is Not Acceptable)
14811 NW 140th St.

ALACHUA, FL.

City

FL

Zip Code

32615

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

MARVIN W. BINGHAM JR.

4-27-00

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE D Delete
NAME KHURANA, NAVEEN
STREET ADDRESS 18107 NW CR 239
CITY-ST-ZIP ALACHUA FL 32615

TITLE D Delete
NAME KHURANA, MICHELE
STREET ADDRESS 18107 NW C.R. 239
CITY-ST-ZIP ALACHUA FL

TITLE D Delete
NAME WOODHAM, CARL
STREET ADDRESS 14005 NW 49TH AVE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR Change Addition
NAME DAVID DOBSON
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR Change Addition
NAME PIERRE LEMIEUX
STREET ADDRESS 18024 NW 112th BLVD.
CITY-ST-ZIP ALACHUA, FL, 32615

TITLE Change Addition
NAME
STREET ADDRESS 14006 NW 49th AVE
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL WOODHAM

4/27/2000

352/331/7257

Date

Daytime Phone #

CR2E037 (9/99)