

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002038

**FILED**  
**Jan 12, 2007**  
**Secretary of State**

**Entity Name:** ISKCON CONVENTION OF TEMPLES, INC.

**Current Principal Place of Business:**

P.O. BOX 1378  
ALACHUA, FL 32616 US

**New Principal Place of Business:**

18024 NW 112TH BLVD.  
ALACHUA, FL 32615 US

**Current Mailing Address:**

P.O. BOX 1378  
ALACHUA, FL 32616 US

**New Mailing Address:**

**FEI Number:** 59-3238808      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BINGHAM, MARVIN W JR  
14811 NW 40TH ST  
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: D ( ) Delete  
Name: DOBSON, DAVID  
Address: 425 GREENWOOD AVE.  
City-St-Zip: WYNCOTE, PA 19095 US

Title: D,T ( ) Delete  
Name: LEMIEUX, PIERRE  
Address: 18024 NW 112TH BLVD  
City-St-Zip: ALACHUA, FL 32615 US

Title: D ( ) Delete  
Name: WOODHAM, CARL  
Address: 20610 NORTH STATE ROAD 121  
City-St-Zip: LACROSSE, FL 32658 US

**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: PIERRE LEMIEUX

D,T

01/12/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date