

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002038

FILED
Jan 19, 2008
Secretary of State

Entity Name: ISKCON CONVENTION OF TEMPLES, INC.

Current Principal Place of Business:

18024 NW 112TH BLVD.
ALACHUA, FL 32615 US

New Principal Place of Business:

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: 10801 NW 106TH AVE.
City-St-Zip: ALACHUA, FL 32615 US

Title: D () Delete
Name: JAKUPKO, DAVID
Address: 18225 NW CR 239
City-St-Zip: ALACHUA, FL 32615 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 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

01/19/2008

Electronic Signature of Signing Officer or Director

_____ Date